

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90099 010 ****50.00

20061725



DOCUMENT # L04000078239 1. Entity Name V GROUP, LLC					
Principal Place of Business 581 CIDCO ROAD COCOA, FL 32926			Mailing Address 581 CIDCO ROAD COCOA, FL 32926		
2. Principal Place of Business 581 CIDCO ROAD		3. Mailing Address 581 CIDCO ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State COCOA, FL		City & State COCOA, FL		4. FEI Number 20-1896871	
Zip 32926		Country BREVARD		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, STEPHEN C ESQ. 202 N. HARBOR CITY BLVD., SUITE 300 MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name THOMAS M. VASSALLO Street Address (P.O. Box Number is Not Acceptable) 581 CIDCO ROAD City COCOA FL Zip Code 32926		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE THOMAS M. VASSALLO <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VASSALLO, THOMAS M 581 CIDCO ROAD COCOA, FL 32926	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				7/1/05 516-593-4840 <small>Date Daytime Phone #</small>	