2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 07, 2005 8:00 am Secretary of State 07-07-2005 90099 010 ****50.00

1. Entity Nam V GROUF	n e	# L040000782	239							
Principal Place of Business 581 CIDCO ROAD COCOA, FL 32926			Mailing Address 581 CIDCO ROAD COCOA, FL 32926		20061725					
Principal Place of Business S81 CIDCO ROAD			3. Mailing Address 581 CIDCO ROAD							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		06302005	Chg-LLC	CR2E08	33 (10/03)		
City & State COCOA, FL			City & State COCOA, FL		4. FEI Number 20-1896				plied For t Applicable	
Zip 32926			Zip 32926	Country 6 BREVARD		<u> 1</u>	of Status Desired		\$5.00 Add ee Required	
	6. Name	and Address of Current R	legistered Agent		Nama		Address of New R	egistered A	gent	
THOMAS, STEPHEN C ESQ.					NTHOMAS M. VASSALLO					
202 N. HARBOR CITY BLVD., SUITE 300 MELBOURNE, FL 32935					Street Address (P.O. Box Number is Not Acceptable) 581 CIDCO ROAD					
					City COCOAŞ			FL	Zip Code	9
 The above named entity submits this statement for the purpose of changing its regithe obligations of registered agent. 					ed office or registe	ered agent, or both	h, in the State of Flo	orida. I am f		
SIGNATURE .	THO	MAS M. VASSALI or printed name of registered agent ar		F. Danielava	d Agent signature require	ard when rejectation)		DATE		
Filing Fee is \$50.00 Due by September 7, 2005							Make check payable to Florida Department of State			
Fil Due t	ling Fee is by Septen	\$ \$50.00 nber 7, 2005							•	9
Fil Due t	ling Fee Is by Septen	\$ \$50.00 aber 7, 2005 MANAGING MEMBER	RS/MANAGERS	10.				Departme	•	
9.	MGRM	MANAGING MEMBER	RS/MANAGERS Delete	TITLE	1		Florida	Departme	•	Addition
Due t	MGRM	MANAGING MEMBER O, THOMAS M O ROAD		TITLE NAME STREE	1		Florida	Departme	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM VASSALL 581 CIDCO	MANAGING MEMBER O, THOMAS M O ROAD		TITLE NAME STREE CITY-	E ET ADORESS -ST-ZIP		Florida	Departme	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VASSALL 581 CIDCO	MANAGING MEMBER O, THOMAS M O ROAD	☐ Delete	TITLE NAME STREE CITY TITLE NAME	E ET ADORESS -ST-ZIP		Florida	Departme	Change	☐ Addition
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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 of the receiver of poster empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE CONTROL ENARD C. FLETSCHER, CPA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

516-593-4840