


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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|---|---|---------|--|---|---|--|--|
| DOCUMENT # L04000079431 1. Entity Name VLR LLC | | | |  | | <div style="font-size: 2em; font-weight: bold;">X</div> <div style="text-align: right;"> FILED 05 MAY -2 PM 5:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> | |
| Principal Place of Business 2665 SOUTH BAYSHORE DRIVE, STE. 703 MIAMI, FL 33133 | | | | Mailing Address 2665 SOUTH BAYSHORE DRIVE, STE. 703 MIAMI, FL 33133 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 4. FEI Number 20-1831680 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, STE. 703 MIAMI, FL 33133 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | | |
| 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 _____ <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 May 1, 2005 | | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LOPEZ, VALERIA 2665 SOUTH BAYSHORE DRIVE, STE. 703 MIAMI, FL 33133 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800054237958 05/10/05--01106--001 **1802.50 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LOPEZ, PEDRO 2665 SOUTH BAYSHORE DRIVE, STE. 703 MIAMI, FL 33133 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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: <u>Clemente Vallejo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | Date: <u>1/31/05</u> (305) 858-9900 <small>Daytime Phone #</small> | | | |