

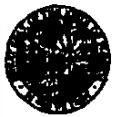
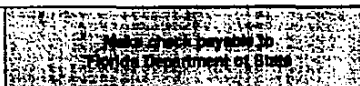
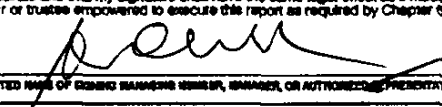
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Broad and Cassel->

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90067 001 ***110.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L04000090466			
1. Entity Name VJAY OF FLORIDA, LLC		30010214	
Principal Place of Business 576 STERTHAUS AVENUE, SUITE A ORMOND BEACH, FL 32174		Mailing Address 576 STERTHAUS AVENUE, SUITE A ORMOND BEACH, FL 32174	
2. Principal Place of Business		3. Mailing Address 380 JOHN ANDERSON DR SUITE, APT. #, etc. ORMOND BEACH FLORIDA	
Suite, Apt. #, etc.		City & State	
City & State		4. FEI Number 07152006 Chg-LLC GR2E083 (10/03)	
Zip		Country	
Zip 32176		Country USA	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent D'SOUZA, GEMMA I 576 STERTHAUS AVENUE, SUITE A ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when administering)			
Filing Fee is \$80.00 Due by September 7, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D'SOUZA, V. JOHN 576 STERTHAUS AVENUE, SUITE A ORMOND BEACH, FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D'SOUZA, GEMMA I 576 STERTHAUS AVENUE, SUITE A ORMOND BEACH, FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 606, Florida Statutes.			
SIGNATURE: 		7/18/05 (386) 677 7260	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Day/Date Phone #	