

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90049 042 \*\*\*\*50.00

**DOCUMENT # L04000093949**



1. Entity Name  
FLORIDA VP PROPERTIES, LLC

Principal Place of Business  
~~310 WEST CENTRAL PARKWAY STE 7000~~  
~~ALTAMONTE SPRINGS, FL 32714~~

Mailing Address  
~~310 WEST CENTRAL PARKWAY STE 7000~~  
~~ALTAMONTE SPRINGS, FL 32714~~

2. Principal Place of Business  
2200 LUCIEN WAY, STE 410  
MAITLAND FL 32751

3. Mailing Address  
2200 LUCIEN WAY, STE 410  
MAITLAND FL 32751

04282006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
20-2122271

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MIKKELSON, WM. MICHAEL  
~~310 WEST CENTRAL PARKWAY STE 7000~~  
~~ALTAMONTE SPRINGS, FL 32714~~

## 7. Name and Address of New Registered Agent

Name  
2200 LUCIEN WAY, STE 410  
MAITLAND FL 32751

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME MIKKELSON, WM. MICHAEL  
STREET ADDRESS ~~310 WEST CENTRAL PARKWAY SUITE 7000~~  
CITY - ST - ZIP ~~ALTAMONTE SPRINGS, FL 32714~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 2200 LUCIEN WAY, STE 410  
CITY - ST - ZIP MAITLAND FL 32751

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Wm. Michael Mikkelsen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/06 407-774-8888  
Date Daytime Phone #