


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 8:00 am**  
**Secretary of State**

01-09-2008 90019 009 \*\*\*138.75

**DOCUMENT # L05000010485**

1. Entity Name  
**VIN VAN INVESTMENTS, LLC**



60000410

Principal Place of Business  
**230 PINE AVENUE NORTH  
 SUITE A  
 OLDSMAR, FL 34677 US**

Mailing Address  
**230 PINE AVENUE NORTH  
 SUITE A  
 OLDSMAR, FL 34677 US**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01042008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number  
**13-4293106**

Applied For  
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent  
**VAN WEZEMAAL, JOEL R  
 334 EAST LAKE RD  
 STE 128  
 PALM HARBOR, FL 34683**

7. Name and Address of New Registered Agent

Name  
*JOEL R. VAN WEZEMAAL*

Street Address (P.O. Box Number is Not Acceptable)  
*1372 BAY HARBOR DR  
 #304*

City *Palm Harbor* **FL** Zip Code *34685*

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE *1/4/08*

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**



9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>VAN WEZEMAAL, JOEL R</b> <b>334 EAST LAKE RD #128</b> <b>PALM HARBOR, FL 34685</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>DEVIN, JEREMY C</b> <b>3896 MULLENHURST DR.</b> <b>PALM HARBOR, FL 34685</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #