


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90173 045 \*\*\*\*50.00

DOCUMENT # L05000022428

1. Entity Name  
 VO IV PONCE LLC



Principal Place of Business      Mailing Address

1000 SOUTH POINTE DRIVE #3602      1000 SOUTH POINTE DRIVE #3602  
 MIAMI BEACH FL 33139                  MIAMI BEACH FL 33139



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.    Suite, Apt. #, etc.

1st MOORE      CR2E083 (10/06)

City & State    City & State

Zip      Country    Zip      Country

4. FEI Number      Applied For

20-2451515    Not Applicable

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

6. Name and Address of Current Registered Agent

**BASIL VASIHEIN**  
**1000 S PT DR 3602**  
**MIAMI BEACH FL 33139**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

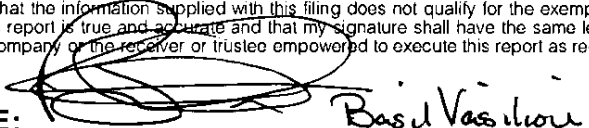
9. MANAGING MEMBERS/MANAGERS

TITLE	MGR <input type="checkbox"/> Delete
NAME	<del>VASHEIN, BASIL</del> <b>VASILIOU, BASIL</b>
STREET ADDRESS	1000 S PT DR 3602
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:  **Basil Vasiliou**      Date: **11 March 2007**      Daytime Phone #: **305-532-4417**