## FILED May 15, 2008 8:00 am Secretary of State 05-15-2008 90076 036 \*\*\*138.75

## 2008 LIMITED LIABILITY COMPANY

		ANNUAL	KEPUKI			_			
DOCUMENT # L05000039732									
1. Entity Nan	ne	MENTS, LLC							
				1			60041	1/15	
Principal Plac	ce of Busines	SS	Mailing Address			6004	[41]		
211 E. INTL Daytona Bi		' BLVD., SUITE 101 218	211 E. INTL. SPEEDWAY DAYTONA BEACH, FL 3:		01				
			T						
1 /	US Hic	house one	3. Mailing Address 636 US thighway ONE Suite, Apt. #, etc.				PE121 CIAN PENN EGID GE:		<b>3 [4]</b>
Sale 118		2	Sule 118			04172008	Chg-LLC	CR2E083 (12/06)	
North	Palm	Boach	North Palm	Beach		4. FEI Numbe 20-279		N N	ot Applicable
Zip CL 2	3 408	Country USA	zio FL 33408	Country		5. Certificate	of Status Desired	S5.00 Ad	
1 - 3		e and Address of Current I	7. Name and	Address of New R		<del>-</del>			
Name CARU NOIL: - Coccu Cildia									
I AMON, UNGULA							er is Not Acceptable	-130 0. 11	71.7
DATIONA	A BEAUT,	FL 3210		lg¹	Lflo	1 ^	st Palm	Deach	
				City				FL ZingSg	401.
8. The above	s named entitions of regis	ty submits this statement for itered agent.	the purpose of changing its i	registered office	or registe	red agent, or bot	h, in the State of Flo	orlda. I am familiar with	, and accept
	· ·	Toru LLIC	GA	RY N)	.lk	·- 6	asou Ci	HiN	
SIGNATURE	Signature, types	gor printed name of registered agen) a	and title if applicable NOTE	Registered Agent sign	Muna tedinisi		367 -	DATE	<del></del>
		FEE IS \$138.75 Fee will be \$538.75		:				te check payable to a Department of Sta	te
9.		MANAGING MEMBER	RS/MANAGERS /	10.		<u></u>	ADDITIONS	/CHANGES	
TITLE	MGRM		Defete	INTE				☐ Change	Addition
NAME STREET ADDRESS		IVESTMENTS, LLC T INTERNATIONAL SPO	N BI VO	NAME STREET ADORESS	1				
CITY-ST-ZIP		IA BEACH, FL 32118	) OLVO	CITY-ST-ZIP					
TITLE	MGRM		☐ Delete	TITLE	116	DM	`	Change	Addition
NAME	VICO PR	OPERTIES, LLC	_ ****	NAME		o Proper	ties uc		
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CITY-ST-ZIP	WESTPA	ALM BEACH, FL 33401		CITY-ST-ZIP	No	RHL HAIM	Beoch	Er 33408	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutas. 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: KON SMITH VIO PRODUCTION 4C									
SIGNATURE: VIO TO									