

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90355 011 \*\*\*\*50.00

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                     |                                                                                                                                                                                 |                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000039928</b><br>1. Entity Name<br>VTP, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |                     |                                                                                                                                                                                 |                                                                   |  |
| Principal Place of Business<br>2373 SW ARCHER ROAD<br>GAINESVILLE, FL 32608                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |                     | Mailing Address<br>3600 NW 43RD ST<br>SUITE E-2<br>GAINESVILLE, FL 32606                                                                                                        |                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   | 3. Mailing Address  |                                                                                                                                                                                 |                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   | Suite, Apt. #, etc. |                                                                                                                                                                                 |                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   | City & State        |                                                                                                                                                                                 |                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                           | Zip                 | Country                                                                                                                                                                         |                                                                   |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                     | 7. Name and Address of New Registered Agent                                                                                                                                     |                                                                   |  |
| DELANEY, PHILIP A<br>4041 NW 37TH PLACE<br>SUITE B<br>GAINESVILLE, FL 32606                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div> |                                                                   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>                                                                                                                                                                                                                                                                                                                      |                                                                   |                     |                                                                                                                                                                                 |                                                                   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                     |                                                                                                                                                                                 | <b>Make check payable to<br/>Florida Department of State</b>      |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |                     | 10. ADDITIONS/CHANGES                                                                                                                                                           |                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>D'ALTO, PAUL<br>213 SW 132ND TER<br>GAINESVILLE, FL 32669 |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                  | <input type="checkbox"/> Delete                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                   |                     |                                                                                                                                                                                 |                                                                   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                     |                                                                                                                                                                                 |                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                     |                                                                                                                                                                                 | <small>Date</small> _____ <small>Daytime Phone #</small> _____    |  |