2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90049 041 ****50.00

20039984

DOCUMENT # L05000051841

1. Entity Name
FLORIDA VP CLARCONA, LLC

Principal Place of Business	Mailing Address
~~310 WEST CENTRAL PARKWAY, SUITE 7000~~ ~~ALTAMONTE SPRINGS, FL 32714~~	~~310 WEST CENTRAL PARKWAY, SUITE 7000~~ ~~ALTAMONTE SPRINGS, FL 32714~~

04282006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
2200 LUCIEN WAY, STE 410 MAITLAND FL 32751	2200 LUCIEN WAY, STE 410 MAITLAND FL 32751
Zip / Country	Zip / Country

4. FEI Number: 20-4206315 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MIKKELSON, WM. MICHAEL ~~310 WEST CENTRAL PARKWAY, SUITE 7000~~ ~~ALTAMONTE SPRINGS, FL 32714~~	Name 2200 LUCIEN WAY, STE 410 Acceptable) 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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE managing member NAME MIKKELSON, WM MICHAEL STREET ADDRESS 2200 LUCIEN WAY, STE 410 CITY-ST-ZIP MAITLAND FL 32751	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Wm Michael Mikkelson 4/28/06 407-774-8818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #