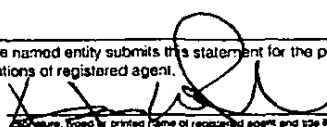


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/1:

FILED
Sep 05, 2006 8:00 am
Secretary of State

08-14-2006 90122 050 ****50.00

DOCUMENT # L05000054505			
1. Entity Name VACO ORLANDO, LLC			
Principal Place of Business 1800 PEMBROOKE DRIVE SUITE 300 ORLANDO, FL 32810		Mailing Address 105 WESTWOOD PLACE, SUITE 325 BRENTWOOD, TN 37027	
2. Principal Place of Business		3. Mailing Address 5410 Maryland Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 400	
City & State		City & State Brentwood TN	
Zip	Country	Zip	Country
32810	USA	37027	USA
4. FEI Number 20-2844292		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PARKER, JIM 1800 PEMBROOKE DRIVE ORLANDO, FL 32810		7. Name and Address of New Registered Agent Name Denise Bennett-Walls Street Address (P.O. Box Number is Not Acceptable) 1800 Pembroke Drive Suite 300 City Orlando FL Zip Code 32810	
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 		DATE 07/19/06	
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARKER, JIM 1800 PEMBROOKE DRIVE, SUITE 300 ORLANDO, FL 32810 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Denise Bennett-Walls 1800 Pembroke Drive Suite 300 Orlando FL 32810 ☐ 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 authorized to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date 7/19/06 (407) 712-7878	