FILED
Sep 05, 2006 8:00 am
Secretary of State
08-14-2006 90122 050 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/1

DOCUMENT # L05000054505

1. Entity Name
VACO ORLANDO, LLC

30013123

07192006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
1800 PEMBROOKE DRIVE SUITE 300 ORLANDO, FL 32810	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 460
City & State	City & State: Brentwood TN
Zip / Country	Zip: 37027 Country: 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	7. Name and Address of New Registered Agent
PARKER, JIM 1800 PEMBROOKE DRIVE ORLANDO, FL 32810	Name: Denise Bennett-Walls Street Address (P.O. Box Number is Not Acceptable): 1800 Pembrooke 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 [signature] Jim Parker 07/19/06
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 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 Pembrooke 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
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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: DWB-Walls Denise Bennett Walls 7/19/06 (407)712-7878
SIGNATURE, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #