

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056114

Entity Name: VHP PROPERTIES LLC

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

11360 FORTUNE CIRCLE
SUITE E-29
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

11360 FORTUNE CIRCLE
SUITE E-29
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-3040263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PANEQUE, ROBERT A
9188 TALWAY CIRCLE
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VASALLO, JERRY
Address: 11360 FORTUNE CIRCLE, SUITE E-29
City-St-Zip: WELLINGTON, FL 33414

Title: MGR () Delete
Name: HUBERTZ, STEVE A
Address: 11360 FORTUNE CIRCLE, SUITE E-29
City-St-Zip: WELLINGTON, FL 33414

Title: MGR () Delete
Name: PANEQUE, ROBERT A
Address: 11360 FORTUNE CIRCLE, SUITE E-29
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT A. PANEQUE

MGR

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date