

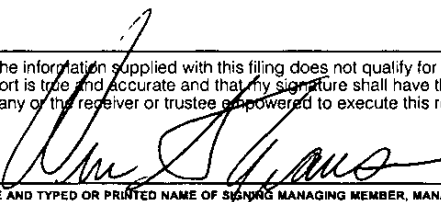


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90042 004 ****50.00

DOCUMENT # L05000056481 1. Entity Name VINELAND CAPITAL LLC					
Principal Place of Business C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT DRIVE, SUITE 114 JACKSONVILLE, FL 32202			Mailing Address C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT DRIVE, SUITE 114 JACKSONVILLE, FL 32202		
2. Principal Place of Business - No P.O. Box # One Independent Drive Suite, Apt. #, etc. Suite 1850 City & State Jacksonville, FL Zip 32202		3. Mailing Address One Independent Drive Suite, Apt. #, etc. Suite 1850 City & State Jacksonville, FL Zip 32202		04242007 Chg-LLC CR2E083 (12/06) 	
4. FEI Number 20-2991492		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent EVANS, WILLIAM G ONE INDEPENDENT DRIVE SUITE 114 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, WILLIAM G ONE INDEPENDENT DRIVE SUITE 114 JACKSONVILLE, FL 32202		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 1850 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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.					
SIGNATURE: 			Authorized Representative 4/24/07 (904) 356-1978		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		