

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000059884

1. Entity Name
VPLACE PARTNERS, LLC



Principal Place of Business
3733 UNIVERSITY BLVD., W., SUITE 205
JACKSONVILLE, FL 32217

Mailing Address
3733 UNIVERSITY BLVD., W., SUITE 205
JACKSONVILLE, FL 32217



04122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3018958

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STONEBURNER BERRY & SIMMONS, P.A.
841 PRUDENTIAL DRIVE, SUITE 1400
JACKSONVILLE, FL 32207

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IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WILLIAM A. O'LEARY, INC.
12143 DIVIDING OAKS TRAIL EAST
JACKSONVILLE, FL 32223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/09/07-80108-019 50.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #