

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059974

Entity Name: V ASSOCIATES, LLC

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

3637 NEWCASTLE CT
APT 101
PALM HARBOR, FL 34685

New Principal Place of Business:

1549 STIPULE CT
TRINITY, FL 34655

Current Mailing Address:

3637 NEWCASTLE CT
APT 101
PALM HARBOR, FL 34685

New Mailing Address:

1549 STIPULE CT
TRINITY, FL 34655

FEI Number: 20-3010368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, KAMLESH H
1211 N. WESTSHORE BLVD.
SUITE 104
TAMPA, FL 33607 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: MGRM () Delete
Name: VISHALPURA, TEJASH N
Address: 3637 NEWCASTLE CT, APT 101
City-St-Zip: PALM HARBOR, FL 34685

Title: MGRM () Delete
Name: VISHALPURA, TEJAL T
Address: 3637 NEWCASTLE CT, APT 101
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VISHALPURA, TEJASH N
Address: 1549 STIPULE CT
City-St-Zip: TRINITY, FL 34655

Title: MGRM (X) Change () Addition
Name: VISHALPURA, TEJAL T
Address: 1549 STIPULE CT
City-St-Zip: TRINITY, FL 34655

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: TEJASH N VISHALPURA

MGRM

04/27/2006

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