### \* 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### **DOCUMENT # L05000060115**

1. Entity Name

VASA INVESTMENT COMPANY LLC



FILED Feb 01, 2007 08:00 AM Secretary of State

Principal Place of Business

9004 GLADIN COURT ORLANDO, FL 32819 Mailing Address

9004 GLADIN COURT ORLANDO, FL 32819



01302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 72-1604002 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KAMYSHEVA, LARISA 9004 GLADIN COURT ORLANDO, FL 32819

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| <ol> <li>The above named entity submits this statement for the purpose of changi<br/>the obligations of registered agent.</li> </ol> | ing its registered office or registered agent, or both, in   | the State of Florida. I am familiar with, and accept |
|--|--|--|
| SIGNATURE  | (NOTE; Registered Agent signature required when reinstating) | DATE   |

#### Filing Fee is \$50.00 Due by May 1, 2007

U00000615650 02/06/07-80080-004 50.00

| 9.             | MANAGING MEMBERS/MANAGERS |
|----------------|---------------------------|
| TITLE          | MGR                       |
| NAME           | LOSCH, RICHARD C          |
| STREET ADDRESS | 9004 GLADIN COURT         |
| CITY-ST-ZIP    | ORLANDO, FL 32819         |
| TITLE          |                           |
| NAME .         |                           |
| STREET AODRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CATY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME '         |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           | /                         |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    | //   \ (\\                |
| 44 11 1        |                           |

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11. I hereby certify that the information supplied with this filling does not quality 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 antiques 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

30/07

407-909-1741

Daytime Phone #