


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/1. **FILED**
Sep 05, 2006 8:00 am
Secretary of State

08-14-2006 90122 049 ****50.00

DOCUMENT # L05000061863			
1. Entity Name VACO TAMPA, LLC			
Principal Place of Business 8875 HIDDEN RIVER PARKWAY STE 300 TAMPA, FL 33637		Mailing Address 105 WESTWOOD PLACE STE 325 BRENTWOOD, TN 37027	
2. Principal Place of Business 3001 N. Rocky Point Drive Suite, Apt. #, etc. Suite 200 City & State Tampa FL Zip 33607 Country USA		3. Mailing Address 5410 Maryland Way Suite, Apt. #, etc. Suite 460 City & State Brentwood TN Zip 37007 Country USA	
07192006 Chg-LLC CR2E083 (11/05)		4. FEI Number 20-2854742	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WALLS, DENISE BENNETT 8875 HIDDEN RIVER PARKWAY STE 300 TAMPA, FL 33637		7. Name and Address of New Registered Agent Name Bradley Hewett Street Address (P.O. Box Number is Not Acceptable) 3001 N. Rocky Point Drive E Suite 200 City TAMPA FL Zip Code 33607	
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 <i>DB Walls</i> Denise Bennett-Walls 07/19/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGRM NAME WALLS, DENISE BENNETT STREET ADDRESS 8875 HIDDEN RIVER PARKWAY STE 300 CITY-ST-ZIP TAMPA, FL 33637	<input checked="" type="checkbox"/> Delete	TITLE MGRM NAME Hewett, Bradley STREET ADDRESS 3001 N. Rocky Point Drive, E Suite 200 CITY-ST-ZIP TAMPA FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Bradley Hewett</i> Bradley Hewett		Date 7/19/06 (813) 749-2050	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

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