

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State

05-01-2006 90063 027 ****50.00

DOCUMENT # L05000085670 1. Entity Name CENTRUST VLP, LLC					
Principal Place of Business 4011 WEST FLAGLER STREET SUITE 404 MIAMI, FL 33134			Mailing Address 4011 WEST FLAGLER STREET SUITE 404 MIAMI, FL 33134		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-3390906	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VELASCO, HERIBERTO 4011 WEST FLAGLER STREET SUITE 404 MIAMI, FL 33134				7. Name and Address of New Registered Agent Name Rolando Velasco Street Address (P.O. Box Number is Not Acceptable) 2030 Douglas Road Suite 105 City Coral Gables FL Zip Code 33134	
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					
Filing Fee is \$50.00 Due by May 1, 2006					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERIBERTO & AGUEDA VELASCO FAMILY LIMITED 4011 WEST FLAGLER STREET MIAMI, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Rolando Velasco 4011 W Flagler Street Suite 404 Miami, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Miriam Velasco-Esquivel 4011 W Flagler Street Suite 404 Miami, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Miriam Velasco-Esquivel 4011 W Flagler Street Suite 404 Miami, FL 33134	
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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:					