

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

04-03-2006 90074 049 ****55.00

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1. Entry Name
 VGCC, LLC

Principal Place of Business: 800 LAUREL OAK DRIVE, SUITE 300, NAPLES, FL 34108
 Mailing Address: 800 LAUREL OAK DRIVE, SUITE 300, NAPLES, FL 34108

2. Principal Place of Business: Suite, Apt #, etc.
 3. Mailing Address: Suite, Apt #, etc.

City & State: City & State
 Zip: Zip Country: Country



03222006 Chg-LLC CR2E083 (11/05)

4. FEI Number: *Discarded Entity* Applied For: Not Applicable
 5. Certificate of Status Desired: \$500 Additional Fee Required

6. Name and Address of Current Registered Agent
 G. HELEN ATHAN, ESQ.
 GRANT, FRIDKIN, PEARSON, ATHAN & CROWN PA
 5551 RIDGEWOOD DRIVE, SUITE 501
 NAPLES, FL 34108

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** Zip Code: _____

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 reappointing) DATE: _____

Filing Fee is \$50.00
 Due by May 1, 2006

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
Managing Member	Keith A. Sharpe	800 Laurel Oak Dr. # 300	Naples FL 34108	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* 5/1/06 239-5662800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date