


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

01-18-2006 90004 022 ****50.00

DOCUMENT # L05000088764 1. Entity Name VPP GRANADA, LLC																																																																																									
Principal Place of Business 4444 SW 71 AVENUE SUITE 101-B MIAMI, FL 33155 US			Mailing Address 4444 SW 71 AVENUE SUITE 101-B MIAMI, FL 33155 US																																																																																						
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Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																						
City & State			City & State																																																																																						
Zip		Country		Zip																																																																																					
Country		Country		4. FEI Number 30-0332501																																																																																					
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 WESTON, JOHN S 7250 SW 39 TERRACE MIAMI, FL 33155				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 _____ (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																																																																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS / CHANGES</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MGRM VEITIA, AGUSTINE E</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>4444 SW 71 AVENUE, SUITE 101-B MIAMI, FL 33155</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MGRM PADRON, ROBERTO</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>4444 SW 71 AVENUE, SUITE 101-B MIAMI, FL 33155</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MGRM WESTON, JOHN S</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>7250 SW 39 TERRACE MIAMI, FL 33155</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MGRM LAWSON, RALPH E</td> <td><input checked="" type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>4101 NW 66 AVENUE CORAL SPRINGS, FL 33067</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	MGRM VEITIA, AGUSTINE E		STREET ADDRESS			CITY-ST-ZIP	4444 SW 71 AVENUE, SUITE 101-B MIAMI, FL 33155		CITY-ST-ZIP			STREET ADDRESS	MGRM PADRON, ROBERTO		STREET ADDRESS			CITY-ST-ZIP	4444 SW 71 AVENUE, SUITE 101-B MIAMI, FL 33155		CITY-ST-ZIP			STREET ADDRESS	MGRM WESTON, JOHN S		STREET ADDRESS			CITY-ST-ZIP	7250 SW 39 TERRACE MIAMI, FL 33155		CITY-ST-ZIP			STREET ADDRESS	MGRM LAWSON, RALPH E	<input checked="" type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP	4101 NW 66 AVENUE CORAL SPRINGS, FL 33067		CITY-ST-ZIP			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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 registered trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																																																																									
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																									

30000626



01052006 Chg-LLC CR2E083 (11/05)

ATTACHMENT



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RECEIVED

FEB 09 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2006

VPP GRANADA, LLC
4444 SW 71 AVENUE
SUITE 101-B
MIAMI, FL 33155 US

Subject: VPP GRANADA, LLC

Reference Number: L05000088764

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION