## 2006 LIMITED LIABILITY COMPANY

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SIGNATURE:

## Mar 23, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L05000093069** 03-01-2006 90224 003 \*\*\*\*50 00 1. Entity Name VACA BUENA, LLC Principal Place of Business Mailing Address 360 CENTRAL AVENUE, 10TH FLOOR 360 CENTRAL AVENUE, 10TH FLOOR ST.PETERSBURG, FL 33701 ST.PETERSBURG, FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. F. etc. 02232008 Chg-LLC CR2E083 (11/05) City & State City & State 27972 20-35 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITE, JOHN T Street Address (P.O. Box Number is Not Acceptable) 360 CENTRAL AVENUE, 10TH FLOOR ST. PETERSBURG, FL 33701 Zio 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. Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM IIILE ☐ Addition ☐ Delete ☐ Change T NHOU; STIHW NUME NAME STREET ADDRESS 360 CENTRAL AVENUE, 10TH FLOOR STREET ADDRESS ST.PETERSBURG, FL 33701 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE ☐ Delate TIRE ☐ Change Addition KEEN, JOHN KAME 21 SPORTSMAN RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZP ROTONDA WEST, FL 33947 CITY-SI-ZIP Oeteta TITLE me ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS COTY-ST-75P CITY-\$1-71P TITLE - Descr TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - AP CITY-ST-ZP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ■ Addition NAME NAME ' STREET ADDRESS STREET ADDRESS CITY, ST. 7IP CITY-ST-7P 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

**FILED** 



Hope have street in a stack of a FLORIDA DEPARTMENT OF STATE **Division of Corporations** 

March 3, 2006

VACA BUENA, LLC 360 CENTRAL AVENUE, 10TH FLOOR ST.PETERSBURG, FL 33701

Subject: VACA BUENA, LLC

Reference Number: \

L05000093069

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.

ANNUAL REPORTS SECTION