

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

|                                                                           |                                                               |                                                                                   |
|---------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L05000097000</b>                                            |                                                               |  |
| 1. Entity Name<br>VP TOP CONDO LLC.                                       |                                                               |                                                                                   |
| Principal Place of Business<br>15677 SW 53 STREET<br>MIRAMAR, FL 33027 US | Mailing Address<br>15677 SW 53 STREET<br>MIRAMAR, FL 33027 US |                                                                                   |



03242008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>20-3559569                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>VALLE, SANDRA M<br>15677 SW 53 STREET<br>MIRAMAR, FL 33027 |
|-------------------------------------------------------------------------------------------------------------------|

**DO NOT WRITE  
IN THIS SPACE**

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 filed applicable CR011 Registered Agent signature required if so designated DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                    |
|------------------------------------------------|--------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | MGRM<br>VALLE, SANDRA M<br>15677 SW 53 STREET<br>MIRAMAR, FL 33027 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | MGRM<br>PERTUZ, DORIAN<br>15677 SW 53 ST.<br>MIRAMAR, FL 33027     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                    |

U00000943644  
06/02/08-80064-001 138.75

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/21/08