2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000106016

1. Entity Name
V. MANAGEMENT, LLC

Principal Place of Business	Mailing Address
24 SUNSET CAY ROAD KEY LARGO, FL 33037	240 SOUTHDOWN ROAD LLOYD HARBOR, NY 11743

07052007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2091245
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TIMOTHY NICHOLAS THOMES, P.A.
99198 OVERSEAS HIGHWAY
SUITE 8
KEY LARGO, FL 33037

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	VIEWEG, REGINA M
STREET ADDRESS	240 SOUTHDOWN ROAD
CITY-ST-ZIP	LLOYD HARBOR, NY 11743
TITLE	MGRM
NAME	VIEWEG, THOMAS J
STREET ADDRESS	240 SOUTHDOWN ROAD
CITY-ST-ZIP	LLOYD HARBOR, FL 11743
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000767545
07/10/07-80009-002 50.00

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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 605, Florida Statutes.

SIGNATURE: X _____ 7/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #