2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Mar 03, 2008 8:00 am Secretary of State **DOCUMENT # L05000117774** 03-03-2008 90406 001 ***138.75 VNR DEVELOPMENT, LLC. Principal Place of Business Mailing Address 60012200 4108 N. ORANGE BLOSSOM TRL 4108 N. ORANGE BLOSSOM TRL ORLANDO, FL 32804 ORLANDO, FL 32804 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 56-2545533 Not Applicable 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 JOLIA, NATELLA 4108 N. ORANGE BLOSSOM TRL Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32804 City 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition JOLIA, NATELLA NAME NAME 860 N. ORANGE AVE APT 452 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL*328011076 CITY-ST-ZIP MGRM Delete TITLE ☐ Change Addition RASKIN, VLADIMIR NAME NAME STREET ADDRESS 14125 DEEP LAKE DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32826 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete Change Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filling 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.

FILED

Daytime Phone #