


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90049 044 ****50.00

DOCUMENT # L05000119477

1. Entity Name
 FLORIDA VP SANFORD, LLC



Principal Place of Business Mailing Address
~~310 WEST CENTRAL PARKWAY, STE. 7000~~ ~~310 WEST CENTRAL PARKWAY, STE. 7000~~
~~ALTAMONTE SPRINGS, FL 32714~~ ~~ALTAMONTE SPRINGS, FL 32714~~

2. Principal Place of Business 3. Mailing Address
 2200 LUCIEN WAY, STE 410 2200 LUCIEN WAY, STE 410
 MAITLAND FL 32751 MAITLAND FL 32751



04282006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
 20-4303208 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MIKKELSON, WM. MICHAEL 310 WEST CENTRAL PARKWAY, STE. 7000 ALTAMONTE SPRINGS, FL 32714		Name 2200 LUCIEN WAY, STE 410 Acceptable) MAITLAND FL 32751	
Zip	Country	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 _____ 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 May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MIKKELSON, WM MICHAEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2200 LUCIEN WAY, STE 410 MAITLAND FL 32751 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.

SIGNATURE: Wm. Michael Mikkelsen 4/28/06 407-774-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #