

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90183 017 \*\*\*138.75

**DOCUMENT # L06000004058**

1. Entity Name  
**V4 PROPERTIES, LLC**



Principal Place of Business  
**1516 EAST COLONIAL DRIVE  
SUITE 105  
ORLANDO, FL 32803**

Mailing Address  
**1516 EAST COLONIAL DRIVE  
SUITE 105  
ORLANDO, FL 32803**

00000000



2. Principal Place of Business - No P.O. Box #  
**1516 EAST COLONIAL DR**

3. Mailing Address  
**1516 E. COLONIAL DR.**

Suite, Apt. #, etc.  
**SUITE 205**

Suite, Apt. #, etc.  
**SUITE 205**

02182008 Chg-LLC CR2E083 (12/06)

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO, FL**

4. FEI Number  
**20-4100772**

Applied For  
Not Applicable

Zip  
**32803** Country  
**USA**

Zip  
**32803** Country  
**USA**

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

**DURGEMPUDI, VENKATREDDY  
4325 ENRIGHT CT.  
WINTER PARK, FL 32792**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
DURGEMPUDI, VENKATREDDY  
1516 EAST COLONIAL DRIVE, # 304  
ORLANDO, FL 32803** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
DURGEMPUDI, VIJAYALAKSHMI  
1516 EAST COLONIAL DRIVE, # 304  
ORLANDO, FL 32803** ☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
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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 608, Florida Statutes.

SIGNATURE

*[Handwritten Signature]*