

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005483

Entity Name: VI INVESTMENT, LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

1533 RANDOLPH STREET
DELTONA, FL 32725

New Principal Place of Business:

660 DELTONA BLVD
DELTONA, FL 32725

Current Mailing Address:

1533 RANDOLPH STREET
DELTONA, FL 32725

New Mailing Address:

PO BOX 390013
DELTONA, FL 32739

FEI Number: 20-4116539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANCHEZ, VICTOR
1533 RANDOLPH STREET
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

SANCHEZ, IVELISSE
660 DELTONA BLVD
DELTONA, FL 32725 US

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.

SIGNATURE: IVELISSE SANCHEZ

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SANCHEZ, VICTOR
Address: 1533 RANDOLPH STREET
City-St-Zip: DELTONA, FL 32725

Title: MGR () Delete
Name: SANCHEZ, IVELISSE
Address: 1533 RANDOLPH STREET
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SANCHEZ, IVELISSE
Address: PO BOX 390013
City-St-Zip: DELTONA, FL 32739

Title: MGR (X) Change () Addition
Name: SANCHEZ, VICTOR
Address: PO BOX 390013
City-St-Zip: DELTONA, FL 32739

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: IVELISSE SANCHEZ

MRS

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date