2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

Principal Place of Business	DOCUMENT # L06000015487 1. Entity Name VRN PARTNERS LLC					05-02-2007 90359 037 ****55.00			
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Zip Country Zip Country Zip Country S. Certificate of Status Desired Status Desired St. On Additional Fee Requised St. Certificate of Status Desired St. On Additional Fee Requised St. On Additional Fee Requi	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04262007	Chg-LLC	CR2E083 (12/06)	
Name and Address of Current Registered Agent	City & State		City & State			4. FEI Numb	1355008	Ar No	
NANDWANL TONY 9187 RIDGE PINE TRAIL ORLAND 1 28219	Zip	Country	Zip	Country		5. Certificate	of Status Desired		
NANDWANI, TONY 9187 RIDGE PINE TRAIL ORLANDO, FL 32819 City FL Zip Code City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept of the or registered agent, or both, in the State of Florida. I am familiar with, and accept of the or registered agent, or both, in the State of Florida. I am familiar with, and accept of the or registered agent, or both, in the State of Florida. I am familiar with, and accept of the or registered agent, or both, in the State of Florida. I am familiar with, and accept of the or registered agent, or both, in the State of Florida. I am familiar with, and accept of the or registered agent, or both, in the State of Florida. I am familiar with, and accept of the or registered agent, or both, in the State of Florida. I am familiar with, and accept of the or registered agent, or both, in the State of Florida. I am familiar with, and accept of the product of the p		6. Name and Address of Current R	Registered Agent			7. Name and	Address of New Re	gistered Agent	
Sirget Address (P.O. Box Number is Not Acceptable)				Nar	me				
S. The above named entity submits his 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 Typic or private name of registered agent and Ne / autokable. (NOTE Registered Agent spratture required when remission) Part	9187 RIDGE PINE TRAIL			Stre	Street Address (P.O. Box Number is Not Acceptable)				
B. 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 Special	· ·	•							
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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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE