

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000051812**

1. Entity Name  
VINERIDGE INVESTORS LIMITED, LLC



Principal Place of Business  
9260 BAY PLAZA BLVD.  
SUITE 501  
TAMPA, FL 33619

Mailing Address  
9260 BAY PLAZA BLVD.  
SUITE 501  
TAMPA, FL 33619



03032008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-8301567

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NASH, THOMAS C II  
625 COURT STREET  
SUITE 200  
CLEARWATER, FL 33756

**DO NOT WRITE  
IN THIS SPACE**

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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	FERREIRA, RANDY X
STREET ADDRESS	9260 BAY PLAZA, STE 501
CITY- ST- ZIP	TAMPA, FL 33619
TITLE	MGRM
NAME	ODED, REUVEN
STREET ADDRESS	9260 BAY PLAZA BLVD., STE 501
CITY- ST- ZIP	TAMPA, FL 33619
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000864763  
04/04/08-80027-020 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

*Randy Ferreira* 3/11/08 813 620-0800

Date

Daytime Phone #