

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90256 007 ****55.00

DOCUMENT # L06000062419					
1. Entity Name VAICON INTERNATIONAL, LLC					
Principal Place of Business 4326 PINEBARK AVE. ORLANDO, FL 32811			Mailing Address PO BOX 618482 ORLANDO, FL 32861		
2. Principal Place of Business - No P.O. Box # 6402 Cava Alta Drive		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc. Suite #409		Suite, Apt. #, etc.			
City & State Orlando, Florida		City & State			
Zip 32835	Country USA	Zip	Country		
4. FEI Number 20-5404806				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				04112007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent TADEPALLI, SASI B 4326 PINEBARK AVE. ORLANDO, FL 32811					
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TADEPALLI, SASI B PO BOX 618482 ORLANDO, FL 32861	<input type="checkbox"/> Delete			
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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: <u>Tadepalli, Sasi B</u> (Tadepalli, Sasi B) <u>4/11/07</u> <u>321-438-8534</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					