

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062561

Entity Name: VINSON LLC

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

1000 KARA WAY
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

1000 KARA WAY
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAVER, BRIAN A
1000 KARA WAY
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEAVER, BRIAN A
Address: 1000 KARA WAY
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM () Delete
Name: OSMAN, PAUL
Address: 625 E NASA BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM () Delete
Name: OSMAN, PERRY
Address: 625 E NASA BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM () Delete
Name: BURKHART, JOHN
Address: 1321 AVALON DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRIAN A WEAVER

MGRM

04/23/2008

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