

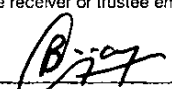


**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

[illegible]

DOCUMENT # L06000088471				Secretary of State 04-11-2007 90153 049 ****50.00	
1. Entity Name VAH, L.L.C.					
Principal Place of Business 10261 WEST SAMPLE ROAD CORAL SPRINGS, F 33065		Mailing Address 10261 WEST SAMPLE ROAD CORAL SPRINGS, F 33065			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 40 Mark I Ingber, C.P.A., P.A. Suite, Apt. #, etc. 10100 West Sample Road #326 City & State Coral Springs, FL Zip 33065-3973			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04082007 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number 20-5542175	
Zip		Country US		Applied For Not Applicable	
Country		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ZEB KHAN, AURANG 10261 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065				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 ZEB KHAN, AURANG 10261 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BHATNAGAR, VIJAY 10261 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: 		Vijay Bhatnagar Managing Member		4/10/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	