

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089044

Entity Name: J. GERBER OF FLORIDA VS1, LLC

FILED
Aug 16, 2007
Secretary of State

Current Principal Place of Business:

411 SUNDANCE TRAIL
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

411 SUNDANCE TRAIL
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 20-5527045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GERBER, JOAN
411 SW SUNDANCE TRAIL
PORT ST. LUCIE, FL 34953 US

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: GERBER, JOAN
Address: 411 SW SUNDANCE DR.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: MGR () Delete
Name: ADAMS, JOHN
Address: 4987 HERRIGE DR.
City-St-Zip: BATON ROUGH, LA 70817

Title: MGR (X) Delete
Name: GERBER, EUGENE
Address: 411 SW SUNDANCE DR.
City-St-Zip: PORT ST. LUCIE, FL 34953

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:

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: JOAN GERBER

MGRM

08/16/2007

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