

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000099486

**FILED  
Jul 31, 2007  
Secretary of State**

**Entity Name:** VAM, LLC

**Current Principal Place of Business:**

19909 TAMIAMI AVENUE  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

19909 TAMIAMI AVENUE  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 71-1013363      **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:**

DUONG, KHOA D  
19909 TAMIAMI AVENUE  
TAMPA, FL 33647    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: MGR      ( ) Delete  
Name: DUONG, KHOA D  
Address: 19909 TAMIAMI AVENUE  
City-St-Zip: TAMPA, FL 33647

Title: MGR      ( ) Delete  
Name: LE, VINCENT T  
Address: 19905 TAMIAMI AVENUE  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES:**

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: KHOA DUONG

MAR

07/31/2007

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