


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000100675		
1. Entity Name VTX LA PROPERTIES LLC		

Principal Place of Business 7300 NW 35TH TERRACE MIAMI, FL 33122	Mailing Address C/O MITCHELL S. POLANSKY, ESQ 2665 S. BAYSHORE DRIVE STE 703 MIAMI, FL 33133
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2665 S. Bayshore Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 703	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
33133		33133	USA

04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8081249	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
POLANSKY, MITCHELL S ESQ 2665 SOUTH BAYSHORE DRIVE STE 703 MIAMI, FL 33133		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	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BELSOL, JOSE MANUEL 7300 N.W. 35TH TERRACE MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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>Jose Manuel Belsol</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Date: <u>4/30/07</u> Daytime Phone #: <u>(305) 858-9900</u>	

FILED  
07 JUL -5 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

