2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1.06000101212



FILED
Jun 04, 2007 8:00 am
Secretary of State
04-24-2007 90107 001 ****50.00

| 1. Entity Name VZ PROPERTIES, LLC | | | | | | | | | |
|--|--|---|----------------------|-----|---|---------------------|------------|--------------------------|-----------------------------|
| Principal Place of Business 509 4TH AVE. S. IACKSONVILLE BEACH, FL 32250 | | Mailing Address PO BOX 49118 RACKSONVILLE BEACH, FL 32240 | | 40 | 30009651 | | | | |
| 2. Principal Pi | tace of Business - No P.O. Box # | 3. Mailing Address | | | | | | | |
| Suite, Apt. ≢, etc. | | Suite, Apt. #, etc. | | | 04102007 | Chg-LLC | CR2E | 083 (12/06) | |
| City & State | | City & State | | _ | 4. FEI Numb | 5-13066 | ما ما ما | | optied For of Applicable |
| Zip | Country | Zip | Zip Country | | | o of Status Desired | | \$5.00 Ad Fee Require | ditional |
| | 8. Name and Address of Current | Registered Agent | agistered Agent Name | | | d Address of New | Registered | Agant | |
| MCGOVER 509 4TH A | VE. S. | | Street Address | | (P.O. Box Number is Not Acceptable) | | | | |
| JACKSONVILLE BEACH, FL 32250 | | | | | | | | - | |
| | _ | City | | | | | FL | Zip Cod | e |
| 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. | | | | | | | | | and accept |
| SIGNATURE Signature, Appeal or priving review of registered agent and site 8 application. (NOTE: Registered Agent appealure required when releasing) DATE | | | | | | | | | |
| FII De | ling Fee is \$50.00 ue by May 1, 2007 | | | | Make check payable to Florida Department of State | | | | |
| 9. | MANAGING MEMBE | | 10. | · 1 | | ADDITIONS | CHANGES | | C *46# |
| TITLE MAME STREET ADDRESS CITY-ST-ZP | MCGOVERN, PAUL 509 4TH AVE. S. JACKSONVILLE BEACH, FL 32 | 250 Delette | | | | | <u> </u> | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS: CITY-ST-ZIP | | ☐ Delete | | | | | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZP | | ☐ Delete | | | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | ☐ Defete | | | · | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Debate | | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | | 1 | | | | ☐ Change | 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 mode under outh; 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: | | | | | | | | | |