

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101212

Entity Name: VZ PROPERTIES, LLC

FILED  
May 05, 2009  
Secretary of State

**Current Principal Place of Business:**

509 4TH AVE. S.  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

216 3RD AVE S  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

PO BOX 49118  
JACKSONVILLE BEACH, FL 32240

**New Mailing Address:**

FEI Number: 65-1306666      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:**

MCGOVERN, PAUL  
509 4TH AVE. S.  
JACKSONVILLE BEACH, FL 32250      US

**Name and Address of New Registered Agent:**

MCGOVERN, JOHN  
216 3RD AVE S  
JACKSONVILLE BEACH, FL 32250      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: JOHN MCGOVERN

05/05/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MCGOVERN, PAUL  
Address: 509 4TH AVE. S.  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: MCGOVERN, JOHN  
Address: 216 3RD AVE S  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: JOHN MCGOVERN

MGR

05/05/2009

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