2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

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Entity Name: VASQUEZ ENTERPRISE MGMT, LLC

Current Principal Place of Business:

2066 EAST OSCEOLA PARKWAY
UNIT 104-105-106
KISSIMMEE, FL 34743

New Principal Place of Business:

2152 WHISPER LAKES BLVD
ORLADO, FL 32837

Current Mailing Address:

2821 MIDDLETON CIRCLE
KISSIMMEE, FL 34743

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VASQUEZ, JOSE M
2821 MIDDLETON CIRCLE
KISSIMMEE, FL 34743 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:	MGRM	( ) Delete
Name:	VASQUEZ, JOSE M	
Address:	2821 MIDDLETON CIRCLE	
City-St-Zip:	KISSIMMEE, FL 34743 US	
Title:	MGRM	( ) Delete
Name:	VASQUEZ, MIGUEL A	
Address:	2821 MIDDLETON CIRCLE	
City-St-Zip:	KISSIMME, FL 34743 US	
Title:	MGRM	( ) Delete
Name:	STEVEN, VASQUEZ	
Address:	2696 MAXWELL CT	
City-St-Zip:	KISSIMMEE, FL 34743 US	

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 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: JOSE M VASQUEZ MR 04/17/2007

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