

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020276

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: VENPOR INVESTMENTS LLC

## Current Principal Place of Business:

1200 FIRST STREET 436  
ALEXANDRIA, VA 22314

## New Principal Place of Business:

355 I STREET SW  
111  
WASHINGTON, DC 20024

## Current Mailing Address:

1200 FIRST STREET 436  
ALEXANDRIA, VA 22314

## New Mailing Address:

355 I STREET SW  
111  
WASHINGTON, DC 20024

FEI Number: 20-8431803

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VITERI, XAVIER  
6721 SW 69 TERRACE  
MIAMI, FL 33143 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: LOPES, PAULO  
Address: 1200 FIRST ST #436  
City-St-Zip: ALEXANDRIA, VA 22314

Title: MGR ( ) Delete  
Name: SLONE, CRISBELLT  
Address: 1200 FIRST ST #436  
City-St-Zip: ALEXANDRIA, VA 22314

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: LOPES, PAULO  
Address: 355 I STREET SW #111  
City-St-Zip: WASHINGTON, DC 20024

Title: MGR (X) Change ( ) Addition  
Name: SLONE, CRISBELLT  
Address: 355 I STREET SW #111  
City-St-Zip: WASHINGTON, DC 20024

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: PAULO LOPES

MGR

04/30/2009

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