

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045017

FILED
Mar 22, 2008
Secretary of State

Entity Name: VBC - 13, L.L.C., A FLORIDA LIMITED LIABILITY COMPANY

Current Principal Place of Business:

2520 VAN BUREN STREET
#4
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

4530 WEST 93RD STREET
#3F
OAKLAWN, FL 60453 US

New Mailing Address:

2520 VAN BUREN STREET
#4
HOLLYWOOD, FL 33020 US

FEI Number: 20-8935065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARNEY, WILLIAM M
915 MIDDLE RIVER DRIVE
SUITE 506
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

SOTEROPOULOS, TIMOTHY A
2520 VAN BUREN ST.
#4
HOLLYWOOD, FL 33020 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: TIMOTHY A. SOTEROPOULOS

03/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SOTEROPOULOS, ANDREW
Address: 4530 WEST 93RD STREET, #3F
City-St-Zip: OAKLAWN, IL 60453 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: SOTEROPOULOS, TIMOTHY A
Address: 2520 VAN BUREN ST. #4
City-St-Zip: HOLLYWOOD, FL 33020 US

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: TIMOTHY A. SOTEROPOULOS

MGRM

03/22/2008

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