## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 27, 2008 8:00 am Secretary of State 04-21-2008 90308 049 \*\*\*138.75

DOCUMENT # L07000048747  1. Entity Name VSMT REALTY, LLC						04-21-2000	3 90308 (	) T J	156.75
Principal Place of Business C/O THE WESTFORD GROUP, INC. 48 JUNCTION SQUARE DRIVE CONCORD, MA 01742		Maiking Address C/O THE WESTFORD GROUP, INC. 48 JUNCTION SQUARE DRIVE CONCORD, MA 01742			30007671				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04152008	Chg-LLC	CR2E083	(12/06)	
City & State		City & State			4. FEI Numb	227780			plied For
Zip	Country	Zip	Coun	ıry		of Status Desired		5.00 Add	litional
_	5. Name and Address of Current	Registered Agent			7. Name and	Address of New Re	gistered Ag	ent'	
•		Name							
ARLEN, RO			Street Address (	P.O. Box Numb	er is Not Acceptable)				
DELMATE	EACH, FL FL334-44								
				City			FL	Zip Code	à
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.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (MOTE) Registered Agent algorithm when reinstating).									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							check pay Departmen		
9.	MANAGING MEMBE	RS/MANAGERS	10.	<del></del>		ADDITIONS/0	HANGES		
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGR MARINO, MICHAEL V 48 JUNCTION SQUARE DRIVE CONCORD, MA 01742	☐ Delete		I				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		· I			(	Change	Addition
HILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deizse					(	Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete		1			C	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete:						Change	Addition
HITLE MAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete	CITY	EET ADDRESS -ST-ZIP			-	] Change	Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chepter 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 made under each; that I am a managing member or manager of the limited liability company or the receiver or trystee empowered to execute this report as required by Chapter 608, Florida Statutes.									