2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061446

Entity Name: V-BOUTIQUE, LLC

Name:

Address:

City-St-Zip:

FILED Apr 06, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 301 CLEMATIS AVENUE 101 JFK DRIVE **SUITE 3000** ATLANTIS, FL 33462 WEST PALM BEACH, FL 33401 **New Mailing Address: Current Mailing Address:** 301 CLEMATIS AVENUE 101 JFK DRIVE **SUITE 3000** ATLANTIS, FL 33462 WEST PALM BEACH, FL 33401 FEI Number: 26-0383826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VANDEN BOSCH, MATTHEW T 301 CLEMATIS AVENUE SUITE 3000 WEST PALM BEACH, FL 33401 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: MGRM () Change (X) Addition () Delete BOYLE, THOMAS P MD Name: Name: Address: Address: 17690 LOMOND COURT City-St-Zip: City-St-Zip: BOCA RATON, FL 33496 Title: Title: MGRM () Change (X) Addition () Delete Name: Name: LEVINE, FELICE MD Address: Address: 3560 SOUTH OCEAN BLVD. #201 City-St-Zip: City-St-Zip: SOUTH PALM BEACH, FL 33480 Title: () Delete Title: MGRM () Change (X) Addition STANTON, WILLIAM MD Name: Name: 6900 N.W. 3RD AVENUE Address: Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33487 Title: () Delete Title: MGRM () Change (X) Addition VANDEN BOSCH, NEDA R MD

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.

Name:

Address:

City-St-Zip:

8 HUDSON AVENUE

OCEAN RIDGE, FL 33435

SIGNATURE: THOMAS P. BOYLE **MGRM** 04/06/2008