

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000074707

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Entity Name:** V.I.B.E. CENTER OF ST. AUGUSTINE LLC

**Current Principal Place of Business:**

7172 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

7172 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 26-0586412      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)

**Name and Address of Current Registered Agent:**

FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PKWY STE 300  
TAMPA, FL 33637 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: MATTHAEI, FREDERICK C III  
Address: 7172 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

**ADDITIONS/CHANGES:**

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

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: FREDERICK C. MATTHAEI III

MGRM

04/29/2008

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