

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90111 003 \*\*\*138.75

60023424



01032008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L07000076147</b>	
1. Entity Name VIVI OF NAPLES, LLC	

Principal Place of Business 4770 BISCAYNE BLVD., STE. 680 MIAMI, FL 33137	Mailing Address 4770 BISCAYNE BLVD., STE. 680 MIAMI, FL 33137
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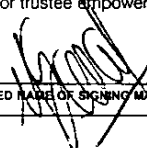
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
BILLANTE, THOMAS 4770 BISCAYNE BLVD., STE. 680 MIAMI, FL 33137	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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	DATE
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLANTE, THOMAS	NAME	
STREET ADDRESS	4770 BISCAYNE BLVD., STE. 680	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33137	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACAL, MIGUEL	NAME	
STREET ADDRESS	4770 BISCAYNE BLVD., STE. 680	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33137	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: 	04/10/08 (305) 576 1616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	