

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084904

FILED
Jan 21, 2008
Secretary of State

Entity Name: VITU, LLC

Current Principal Place of Business:

8609 N.W. 66TH STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8609 N.W. 66TH STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCHBAND, JEFF
8609 N.W. 66TH STREET
MIAMI, FL 33166 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: TUCHBAND, JEFF
Address: 8609 N.W. 66TH STREET
City-St-Zip: MIAMI, FL 33166

Title: MGRM () Delete
Name: VITTA, RICHARD
Address: 8609 N.W. 66TH STREET
City-St-Zip: MIAMI, FL 33166

Title: MGRM () Delete
Name: TUCHBAND, JODY
Address: 8609 N.W. 66TH STREET
City-St-Zip: MIAMI, FL 33166

Title: MGRM () Delete
Name: VITTA, CATHERINE
Address: 8609 N.W. 66TH STREET
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

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

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

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

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: JEFFREY TUCHBAND

MGRM

01/21/2008

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