
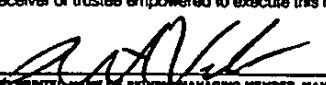


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5

**FILED**  
**Jul 02, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90512 039 \*\*\*138.75

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # L07000090237</b><br>1. Entity Name<br><b>VANSELOW + COMPANY, LLC</b>   |  |   |  |           |  |
| Principal Place of Business<br><b>1690 RENAISSANCE COMMONS BLVD., STE. 1324<br/>BOYNTON BEACH, FL 33426 US</b>   |  |   | Mailing Address<br><b>1690 RENAISSANCE COMMONS BLVD., STE. 1324<br/>BOYNTON BEACH, FL 33426 US</b>   |  |  |
| 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  | 03022008 Chg-LLC CR2E083 (12/06)   |  |
| 4. FEI Number<br><b>26-0860875</b>   |  |   |  | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |  | <b>\$5.00 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>UNITED STATES CORPORATION AGENTS, INC.<br/>13302 WINDING OAKS BLVD<br/>SUITE A-100<br/>TAMPA, FL 33612-3425</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 _____<br><small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>  |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  | Make check payable to<br><b>Florida Department of State</b> |  |  |  |
| 9. MANAGING MEMBERS / MANAGERS   |  |   | 10. ADDITIONS / CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGRM<br/>VANSELOW, ROBERT M<br/>1690 RENAISSANCE COMMONS BLVD., STE. 1324<br/>BOYNTON BEACH, FL 33426</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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. |  |   |  |  |  |
| <b>SIGNATURE: ✓</b>  <b>ROBERT VANSELOW</b> <b>3/14/08</b> <b>410 703 2018</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>   |  |   |  |  |  |