

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107466

Entity Name: VRI-HWY 44, LLC

FILED
Jun 23, 2009
Secretary of State

Current Principal Place of Business:

2227 EAST HAMPSHIRE STREET
INVERNESS, FL 34453

New Principal Place of Business:

Current Mailing Address:

2227 EAST HAMPSHIRE STREET
INVERNESS, FL 34453

New Mailing Address:

FEI Number: 26-1335411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NASH, CHARLES IAN
NASH, MOULE & KROMASH, LLP
440 SOUTH BABCOCK STREET
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

GROW, JEFFERY
2227 EAST HAMPSHIRE STREET
INVERNESS, FL 34453 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: JEFFERY R. GROW

06/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CANADY, RANDALL V
Address: 2227 EAST HAMPSHIRE STREET
City-St-Zip: INVERNESS, FL 34453

Title: MGR () Delete
Name: GROW, JEFFREY R
Address: 2227 EAST HAMPSHIRE STREET
City-St-Zip: INVERNESS, FL 34453

ADDITIONS/CHANGES:

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: JEFFERY R. GROW

MGR

06/23/2009

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