

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107915

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: V.A.N. SECOND CHANCE INVESTMENT GROUP, L.L.C.

## Current Principal Place of Business:

550 S.W. 3RD STREET, #203  
POMPANO BEACH, FL 33060

## New Principal Place of Business:

6789 HATTERAS DRIVE  
BOYNTON BEACH, FL 33467

## Current Mailing Address:

550 S.W. 3RD STREET, #203  
POMPANO BEACH, FL 33060

## New Mailing Address:

6789 HATTERAS DRIVE  
BOYNTON BEACH, FL 33467

FEI Number: 26-1297125

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

EDWARDS, GEORGE E  
550 S.W. 3RD STREET, #203  
POMPANO BEACH, FL 33060 US

## Name and Address of New Registered Agent:

STEVENS, LARRY  
6789 HATTERAS DRIVE  
BOYNTON BEACH, FL 33467 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: LARRY STEVENS

02/10/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: STEVENS, LARRY  
Address: 6789 HATTERAS DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM ( ) Delete  
Name: STEVENS, KIM  
Address: 6789 HATTERAS DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM ( ) Delete  
Name: SIEKER, DONALD  
Address: 7783 CEDAR HURST CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM ( ) Delete  
Name: SIEKER, BARBARA  
Address: 7783 CEDAR HURST CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM ( ) Delete  
Name: MAULE, TARA A  
Address: 1412 ONTARIO DRIVE  
City-St-Zip: LAKE WORTH, FL 33461

Title: MGRM ( ) Delete  
Name: MAULE, DONALD E  
Address: 1412 ONTARIO DRIVE  
City-St-Zip: LAKE WORTH, FL 33461

## 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:

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: LARRY STEVENS

MGRM

02/10/2009

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