2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Mar 27, 2006 08:00 AM Secretary of State

DOCUMENT # L9700000678 1, Entity Name V & G ENTERPRISES, LADY LAKE, LLC				Secretary of State
Principal Place of Business		Mailing Address		7
MARKET OF MARION 12888 US HWY441 BELLEVIEW FL 34420		- 1504 GARDENA CT LADY LAKE FL 32159		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt, #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/05)
City & State		City & State		4. FEI Number NO-T APPLICABLE Applied For Not Applicable.
Zip	Country	Zip	Country	Certificate of Status Desired
	6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent
)			Name	
150	N SANTEN, GEORGE 4 GARDENA CT DY LAKES FL 32159		Street Address	s (P.O. Box Number is Not Acceptable)
	DARLOTE DE 100			
			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 Signature typed or protect name of registered against and title if applicable (NOTE Registered Agent signature required when renetating) DATE				
Make Check Payable to F			V∭ FEE IS \$50.00 to Florida Departm 3y May 1, 2006	
Q.	MANAGING MEMBERS	/MANAGERS	10.	ADDITIONS/CHANGES
EITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addollion
NAME STREET ADDRESS	VAN SANTEN, GEORGE		NAME	11000000 (A. CAR
	1504 GARDENA CT LADY LAKES FL 32159		STREET ADDRESS CITY-ST-ZIP	#00000481936 04.41706-80050-005-50.00
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	VAN SANTEN, VIRGINIA 1504 GARDENA CT	'	NAME CTREET + DODGER	
CITY-ST-ZIP	LADY LAKES FL 32159		STREET ADDRESS CITY-ST-ZIP	
MILE		☐ Delote	atre	☐ Change ☐ Addition
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CITY-ST-ZIP			STREET ADORESS CHTY-ST-ZIP	
TITLE	'	Oelete	TITLE	☐ Change ☐ Addition
name Street address			NAME CYCCE LAGRESCO	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
3776		☐ Defete	THE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME	
CITY-ST-INP			SIREET ADDRESS CITY - ST - ZIP	
nte		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CHY-SI-ZIP	
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes 1 turther 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:

orge van drile-

3-23-06