


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L98000000078 1. Entity Name V.I.P. BUILDERS LIMITED LIABILITY CO.	
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Principal Place of Business 12017 159TH COURT, NORTH JUPITER, FL 33478-6613	Mailing Address 12017 159TH COURT, NORTH JUPITER, FL 33478-6613
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DO NOT WRITE IN THIS SPACE



04092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0803387	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDERS, BERNI F
12017 159TH COURT, NORTH
JUPITER, FL 33478-6613

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS SANDERS, BERNI F 12017 159TH COURT, N JUPITER, FL 334786613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT SANDERS, WILLIAM P 12017 159TH COURT, N JUPITER, FL 334786613
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1100000895313
04/24/08-80064-011 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: Berni F. Sanders 4/10/08 561-741-0612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #