
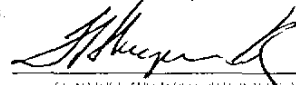


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company VANDA 8, L.C. 2033 MAIN ST., SUITE 600 SARASOTA FL 34237		DOCUMENT # L98000002381	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 10/22/1998		3a. State of Formation FL	
4. FEI Number 65-0874646		5. Date of Last Report	
6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>			
7. Name and Address of Current Registered Agent MYERS, TROY H JR. 2033 MAIN ST., SUITE 600 SARASOTA FL 34237		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations			
SIGNATURE _____		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MYERS, TROY H JR.	2033 MAIN ST., SUITE 600	SARASOTA FL
11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		Troy H. Myers, Jr. 2/19/99 941-953-8110	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

2033 MAIN ST., SUITE 600
SARASOTA FL 34237

3. Date Organized or Qualified

3a. State of Formation

10/22/1998

4. FEI Number

FL

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

MYERS, TROY H JR.

2033 MAIN ST., SUITE 600

SARASOTA FL

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