


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90022 021 ****50.00

DOCUMENT # L98000002381	
1. Entity Name VANDA 8, L.C.	

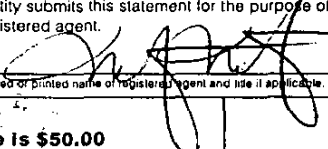
20030400

Principal Place of Business 2033 MAIN ST., SUITE 600 SARASOTA, FL 34237	Mailing Address 2033 MAIN ST., SUITE 600 SARASOTA, FL 34237
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2. Principal Place of Business 3480 TALLEYHAST RD	3. Mailing Address 3480 TALLEYHAST RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34243	Zip 34243
Country USA	Country USA

6. Name and Address of Current Registered Agent MYERS, TROY H JR. 2033 MAIN ST., SUITE 600 SARASOTA, FL 34237	
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04202006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 65-0874646	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent Name MARGARET SHOAF, CPA Street Address (P.O. Box Number is Not Acceptable) 2100 S. TAMiami TRAIL, STE 200 City SARASOTA, FL Zip Code 34239	
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.	MARGARET SHOAF (NOTE: Registered Agent signature required when reinstating) DATE 04-20-06
Filing Fee is \$50.00 Due by May 1, 2006	
Make check payable to Florida Department of State	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MYERS, TROY H JR. 2033 MAIN ST., SUITE 600 SARASOTA, FL 34237 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date 4/25/06 (941) 507-7337 Daytime Phone #