


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 28, 2005 08:00 AM
Secretary of State

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| DOCUMENT # L99000001056 | |  | |
| 1. Entity Name VCI BUILDING, L.L.C. | | Principal Place of Business 2501 HOLLYWOOD BLVD, SUITE 200 HOLLYWOOD FL 33020 | |
| 2. Principal Place of Business | | 3. Mailing Address 2501 HOLLYWOOD BLVD, SUITE 200 HOLLYWOOD FL 33020 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent TOLAND, HOWARD S 100 SOUTHEAST THIRD AVENUE, SUITE 1900 ONE FINANCIAL PLAZA FORT LAUDERDALE FL 33394 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 | | | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR YOSIFOVE, YOSEF 2501 HOLLYWOOD BLVD, SUITE 200 HOLLYWOOD FL 33020 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | U000000340624 04/28/05-80120-021 50.00 <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 exemption stated in Section 119.07(3)(f), 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

4.27.05 954-922-0427
Date Daytime Phone #