


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L99000003424 1. Entity Name VIBER, LLC	
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Principal Place of Business 6900 SOUTHPOINT DRIVE NORTH, SUITE 250 JACKSONVILLE, FL 32216	Mailing Address 6900 SOUTHPOINT DRIVE NORTH, SUITE 250 JACKSONVILLE, FL 32216
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DO NOT WRITE IN THIS SPACE



03302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 58-2473713	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

SANKERS, GUS
6900 SOUTHPOINT DRIVE NORTH, SUITE 250
JACKSONVILLE, FL 32216

**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 reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000757937
05/23/07-80090-017 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANSEN, VICTOR 8000 TOWERS CRESCENT DR #825 VIENNA, VA 22182
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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:  **VICTOR FRANSEN**
04/30/07 (703) 506-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #