

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003424

Entity Name: VIBER, LLC

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

6900 SOUTHPOINT DRIVE NORTH, SUITE 250  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

8000 TOWERS CRESCENT DRIVE  
SUITE 825  
VIENNA, VA 22182

## Current Mailing Address:

6900 SOUTHPOINT DRIVE NORTH, SUITE 250  
JACKSONVILLE, FL 32216

## New Mailing Address:

8000 TOWERS CRESCENT DRIVE  
SUITE 825  
VIENNA, VA 22182

FEI Number: 58-2473713

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

SANKERS, GUS  
10175 FORTUNE PARKWAY, SUITE 1201  
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: GUS SANKERS

04/28/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: FRANSEN, VICTOR  
Address: 8000 TOWERS CRESCENT DR #825  
City-St-Zip: VIENNA, VA 22182

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: FRANSEN, VICTOR  
Address: 8000 TOWERS CRESCENT DRIVE, SUITE 825  
City-St-Zip: VIENNA, VA 22182

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 R. FRANSEN

MGR

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date