FILED 2004 LIMITED LIABILITY COMPANY Apr 16, 2004 08:00-AN Secretary of State **ANNUAL REPORT** DOCUMENT # L99000004120 **VIRGINIA ASSET MANAGEMENT, LLC** Principal Place of Business Mailing Address 1015 10TH STREET 1015 10TH STREET LAKE PARK, FL 33403 LAKE PARK, FL 33403 03192004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied 4. FEI Number 65-0938585 Not A⊜ \$5.00 Addition 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CALHOUN, WAYNE DO NOT WRITE **1015 10TH STREET** LAKE PARK, FL 33403 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 an the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9, U00000116953 04/16704-80086-008 55.00 MGR TITLE CALHOUN, WAYNE NAME STREET ADDRESS **1015 10TH STREET** CITY-ST-ZIP LAKE PARK, FL 33403 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE

IN THIS SPACE

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

4-7-04 MGR,

^{11.} I 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 informational 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.