

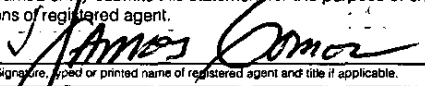
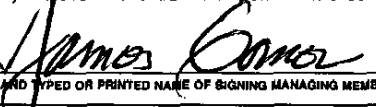


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90024 008 ****50.00

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|--|--|---|---|--|--|
| DOCUMENT # M02000000825 1. Entity Name VCL LIMITED LIABILITY COMPANY | | | |  | |
| Principal Place of Business 5150 NORTH TAMiami TRAIL #403 NAPLES, FL 34103 | | | Mailing Address 5150 NORTH TAMiami TRAIL #403 NAPLES, FL 34103 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. Suite #600 City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. Suite #600 City & State Zip Country | | <div style="font-size: 24px; font-weight: bold;">24045943</div>  | |
| 4. FEI Number 59-3647164 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GOMEZ, JAMES % VISION CAPITAL LOGISTICS, LLC 5150 N. TAMiami TRAIL, STE. 403 NAPLES, FL 34103 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5150 North Tamiami Trail, Ste #600 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  DATE 4/10/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MALONE, JAMES 5150 N. TAMiami TRAIL, STE. 403 NAPLES, FL 34103 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5150 North Tamiami Trail Ste #600 | | |
| 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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| 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 | | |
| 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 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:  | | | Date 4/10/04 Daytime Phone # 239 649-5180 | | |