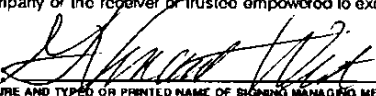


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

02-07-2007 90114 001 ****50.00

DOCUMENT # M04000000894 1. Entity Name VLV INVESTMENTS, LLC					
Principal Place of Business 400 17TH STREET 1429 ATLANTA GA 30363			Mailing Address 400 17TH STREET 1429 ATLANTA GA 30363		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 87-0688979	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			7. Name and Address of New Registered Agent Name _____ Street Address _____ Box Number is ☒ Not Applicable 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 _____ (Signatures, typed or printed name, either of their agent and title is applicable. (NOTE: Registered Agent signature is required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR WEST, G. VINCENT 815 LONG ISLAND DRIVE ATLANTA GA 30327	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR KING, ROBERT NT C 3171 RIDGEWOOD ROAD ATLANTA GA 30327	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR KING, MARSH B 183 NACOOCHIE DRIVE, N.W. ATLANTA GA 30305	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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  G VINCENT WEST 6/23/2007 (404) 724-9275 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					