

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002159

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: VKGS LLC

**Current Principal Place of Business:**

2717 N 118TH CIR STE 210  
OMAHA, NE 68164

**New Principal Place of Business:**

**Current Mailing Address:**

2717 N 118TH CIR STE 210  
OMAHA, NE 68164

**New Mailing Address:**

FEI Number: 90-0177886

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: D ( ) Delete  
Name: STUART, LEONARD  
Address: 113 HARBOR WAY OCEAN CLUB EST. L113  
City-St-Zip: PARADISE ISLAND, NA

Title: D ( ) Delete  
Name: BAUER, JON  
Address: 411 W PUTNAM AVE 225  
City-St-Zip: GREENWICH, CT 06830

Title: D ( ) Delete  
Name: NOGALES, LUIS  
Address: 9229 W SUNSET BLVD STE 900  
City-St-Zip: WEST HOLLYWOOD, CA 90069

Title: D ( ) Delete  
Name: MICKELSON, MARK  
Address: 9229 W SUNSET BLVD STE 900  
City-St-Zip: WEST HOLLYWOOD, CA 90069

Title: CEO ( ) Delete  
Name: STUART, TIMOTHY  
Address: 2717 N 118TH CIR STE 210  
City-St-Zip: OMAHA, NE 68164

Title: CFVP ( ) Delete  
Name: MORIN, RUSSELL  
Address: 2717 N 118TH CIR STE 210  
City-St-Zip: OMAHA, NE 68164

**ADDITIONS/CHANGES:**

Title: D (X) Change ( ) Addition  
Name: BAUR, JON  
Address: 411 W PUTMAN AVE 225  
City-St-Zip: GREENWICH, CT 06830

Title: D (X) Change ( ) Addition  
Name: STANTON, JANICE  
Address: 411 W PUTNAM AVE 225  
City-St-Zip: GREENWICH, CT 06830

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RUSSELL C MORIN

CFVP

04/20/2007

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