

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002159

FILED
May 14, 2009
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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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: BAUR, JON
Address: 411 W PUTMAN AVE 225
City-St-Zip: GREENWICH, CT 06830

Title: D () Delete
Name: STANTON, JANICE
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: CEOP () 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
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Title: () Change () Addition
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Title: () Change () Addition
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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 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 MORIN

CFVP

05/14/2009

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