#### 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # M04000004216

1. Entity Name VS OF FLORIDA, LLC



Principal Place of Business

600 WESTPARK DR PEACHTREE CITY, GA 30269 Mailing Address

245 PERIMÉTER CENTER PARKWAY SUITE 700

ATLANTA, GA 30346

# **FILED** Feb 06, 2006 8:00 am **Secretary of State**

02-06-2006 90174 001 \*\*\*\*50.00

20005400



01262006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1653815 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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<ol><li>The above named entity submits this statement for the purpose of chathe obligations of registered agent.</li></ol>	anging its registered office or registered agent, or both, in the	ne State of Florida. I am familiar with, and accept
SIGNATURE  Signature, typed or printed name of registered agent and trile if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00		

### Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MANNING, ROBERT P
STREET ADDRESS	600 WESTPARK DRIVE
CITY-ST-ZIP	PEACHTREE CITY, GA 30269
TITLE	MGR
NAME	SCOGGINS, JAMES E
STREET ADDRESS	600 WESTPARK DRIVE
CITY-ST-ZIP	PEACHTREE CITY, GA 30269
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	•
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filing does not qualify for the

### DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAN

ING MEMBER, OR AUTHORIZED REPRESENTATIVE VICE PRESIDENT Date