2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M06000001985

1. Entity Name VDL TALLAHASSEE ASSOCIATES LLC



Principal Place of Business

% VDL COLLIER LLC 220 N. MAIN STREET GAINESVILLE, FL 32601 Mailing Address

U% VDL COLLIER LLC 220 N. MAIN STREET GAINESVILLE, FL 32601

FILED Apr 30, 2008 8:00 am Secretary of State

04-30-2008 90022 030 ***138.75

50005221



03072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		-	Applied For
74-3175558	_	1 _	Not Applicable
5. Certificate of Status Desired		\$5.00	Additional

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

limited liability company or the

DO	NOT	WRITE
IN '	THIS	SPACE

	named entity submits this statement for the purpose of char ons of registered agent.	nging its registered office or registered agent, or both, in the St	ate of Florida. Tam Tamiliar with, and accept			
SIGNATURE_	Signature, typed or cylinted name of registered agent and title it applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE			
	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75					
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VDL COLLIER LLC 220 N MAIN ST GAINESVILLE, FL 32601					
TITLE NAME STREET ADDRESS CITY ST-ZIP			,			
HAME STREET ADDRESS CITY-ST-ZIP		DO NO	DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY ST-ZIP						
TITLE HAME STREET ADDRESS CITY+ST-ZIP						
11. I hereby indicated limited li	certify that the information supplied with this filling does not on this report is true and accurate and that my signature ability company or the persiver or trustoe empowered to expense the company or the persiver or trustoe empowered to expense.	or qualify for the exemptions contained in Chapter 119, Florida shall have the same legal effect as if made under oath; that I xecute this report as required by Chapter 608, Florida Statutes	Statutes. I further certify that the information am a managing member or manager of the 3.			

INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE