2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M06000004608

1. Entity Name VIGI LLC

FILED
Mar 24, 2008 08:00 A
Secretary of State

Principal Place of Business

1643 BRICKELL AVE., APT. 2805 MIAMI, FL 33129 Mailing Address

1643 BRICKELL AVE., APT. 2805 MIAMI, FL 33129



03112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3975375 Applied For Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAROUH, ALBERTO 13165 S.W. 142ND TERRACE MIAMI, FL 33186-8923

DO NOT WRITE IN THIS SPACE

| | | | · |
|------------------------|---|--|--|
| | named entity submits this statement for the purpose of cha | • | the State of Florida. I am familiar with, and accept |
| · | | | |
| SIGNATURE | Signature typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when reinstating) | DATE |
| After May | ! NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | 04/09/08-80021-008 143.75 |
| NAME STREET ADDRESS | 1 | | 5 K 53 00 555E1 555 1 15716 |
| CITY-ST-ZIP | MIAMI, FL 33129 | | |
| TITLE | MGRM | | |

STREET ADDRESS 1643 BRICKELL AVE., APT. 2805 City-St-ZiP MIAMI, FL 33129 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

| 11. | . I DEJECT CERTIFY LOST THE IDIDITIATION SUPPLIED WITH THIS DEPOT COST OF A PROPERTY OF THE PR | |
|-----|--|--------------------|
| | Increby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that indicated on this control is true and specification that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that | at the information |
| | indicated on this report is true and accurate and that my depoture shall have the same () | a ma monification |
| | indicated on this report is true and accurate and shall my signature shall have the same legal effect as if made under oath; that I am a managing member or | manager of the |
| | limand rability and managing manifest of | indiauel of the |
| | limited liability company or the recover of thusee empowered to execute this report as required by Chapter 608, Florida Statutes. | |
| | The state of the s | |
| | / // // / | |
| | | |

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/21/08

Daytime Phone #