

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000007217

Entity Name: VACO ORLANDO, LLC

FILED
Mar 27, 2008
Secretary of State

Current Principal Place of Business:

485 N KELLER RD
STE 451
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

5410 MARYLAND WAY
STE 460
BRENTWOOD, TN 37027

New Mailing Address:

FEI Number: 20-2844292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CARMICHAEL, OLIVER C
Address: 5410 MARYLAND WAY, SUITE 460
City-St-Zip: BRENTWOOD, TN 37027

Title: D () Delete
Name: HOLLOMONEL, JAY M
Address: 5410 MARYLAND WAY, SUITE 460
City-St-Zip: BRENTWOOD, TN 37027

Title: D () Delete
Name: BOSTELMAN, JERRY
Address: 5410 MARYLAND WAY, SUITE 460
City-St-Zip: BRENTWOOD, TN 37027

Title: D () Delete
Name: BURCH, LUCIUS E III
Address: 5410 MARYLAND WAY, SUITE 460
City-St-Zip: BRENTWOOD, TN 37027

Title: D () Delete
Name: WALLER, BRIAN
Address: 5410 MARYLAND WAY, SUITE 460
City-St-Zip: BRENTWOOD, TN 37027

Title: D () Delete
Name: WALLS, DENISE B
Address: 485 N KELLER RD STE 451
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: CARMICHAEL, OLIVER C
Address: 3212 WEST END AVE
City-St-Zip: NASHVILLE, TN 37203

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

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

Title: D (X) Change () Addition
Name: BURCH, LUCIUS E III
Address: 102 WOODMONT BLVD, STE 320
City-St-Zip: NASHVILLE, TN 37205

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 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: BRIAN WALLER

D

03/27/2008

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