

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003497

Entity Name: VFG B3 MANAGER LLC

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

ONE INDEPENDENT DRIVE, SUITE 1850  
C/O EOLA CAPITAL LLC  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

## Current Mailing Address:

ONE INDEPENDENT DRIVE, SUITE 1850  
C/O EOLA CAPITAL LLC  
JACKSONVILLE, FL 32202

## New Mailing Address:

FEI Number: 26-0334981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EVANS, WILLIAM G  
ONE INDEPENDENT DRIVE, SUITE 1850  
C/O EOLA CAPITAL LLC  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

PRATT, HENRY F III  
ONE INDEPENDENT DRIVE, SUITE 1850  
C/O EOLA CAPITAL LLC  
JACKSONVILLE, FL 32202 US

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: HENRY F. PRATT, III

04/28/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: VFG HOLDINGS LLC  
Address: ONE INDEPENDENT DRIVE, SUITE 1850  
City-St-Zip: JACKSONVILLE, FL 32202

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: VFG HOLDINGS LLC  
Address: ONE INDEPENDENT DRIVE, SUITE 1850  
City-St-Zip: JACKSONVILLE, FL 32202

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: HENRY F. PRATT, III

MGRM

04/28/2009

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