


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # M99000001555 1. Entity Name VIA SOUTH FLORIDA, LLC |  |
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| Principal Place of Business 88 RIVERS EDGE ROAD NORTH EAST, MD 21901 | Mailing Address 88 RIVERS EDGE ROAD NORTH EAST, MD 21901 |
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01092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 52-2205119 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ROSE, ALAN B 505 SOUTH FLAGLER DRIVE, SUITE 600 C/O PAGE, MRACHEK, FITZGERALD & ROSE, PA WEST PALM BEACH, FL 33401 |
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title 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 NAME STREET ADDRESS CITY-ST-ZIP | MGRM JAMES M. MORAN JR. 88 RIVERS EDGE ROAD NORTH EAST, MD 21901 |
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05/13/06-80029-014 50.00

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11. 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4.25.06

Date

410.287.3003

Daytime Phone #