

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L01000009166**

1. Entity Name  
**VICAMM INVESTMENTS LLC**



Principal Place of Business  
**6899 SW 50TH STREET  
DAVIE, FL 33314**

Mailing Address  
**6899 SW 50TH STREET  
DAVIE, FL 33314**

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**



01042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**65-1131548**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SEXTON, DAVID WILSON JR.  
6899 SW 50TH STREET  
DAVIE, FL 33314**

**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 reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
SEXTON, DAVID W JR  
6899 SW 50TH STREET  
DAVIE, FL 33314**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
SEXTON, ANTONIA MARIE  
6899 SW 50TH STREET  
DAVIE, FL 33314**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

1100000226046  
02/11/05-80064-004 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: DAVID W. SEXTON JR.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**02/11/05**  
Date

**9549790707**  
Daytime Phone #