2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 25, 2004 8:00 am DOCUMENT # L03000025621 **Secretary of State** 1. Entity Name 02-25-2004 90283 018 \*\*\*\*50.00 VECTOR COMMERCIAL REAL ESTATE SERVICES, LLC Principal Place of Business Mailing Address 526 CENTRAL AVENUE **526 CENTRAL AVENUE** ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 24014334 2. Principal Place of Business (25 St) Street 3. Mailing Address 54 MOORE CR2E083 (11/03) 4. FEI Number Applied For 02-069893 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERETICK, KENNETH W Street Address (P.O. Box Number is Not Acceptable) 526 CENTRAL AVENUE ST. PETERSBURG FL 33701 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM Change TITLE ☐ Delete ☐ Addition VECTOR PROPERTIES, INC. NAME NAME STREET ADDRESS **526 CENTRAL AVENUE** STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33701 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Deletê TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESS

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