


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90061 032 \*\*\*\*50.00

DOCUMENT # L00000001413 1. Entity Name VECTOR II, L.C.	
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Principal Place of Business 6321 BALBOA LANE APOLLO BEACH, FL 33570	Mailing Address P.O. BOX 3521 APOLLO BEACH, FL 33572-1005
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**DO NOT WRITE IN THIS SPACE**



02172004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3669622	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KNIGHT, RONALD A  
6321 BALBOA LANE  
APOLLO BEACH, FL 33570

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNIGHT, RONALD A 12902 US HWY 301 SOUTH SUITE B RIVERVIEW, FL 33569
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**DO NOT WRITE  
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)(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: Donald A Knight RONALD A KNIGHT 4/23/04 813 6776775  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Telephone #