




2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90143 002 ****50.00

| | | | | | |
|---|--|--|--|---|--|
| DOCUMENT # L01000001644 1. Entity Name VECTOR, L.L.C. | | | |  | |
| Principal Place of Business 5405 PARK CENTRAL CT NAPLES, FL 34109 | | | Mailing Address 5405 PARK CENTRAL CT NAPLES, FL 34109 | | |
| 2. Principal Place of Business 12810 Tamiami Trail N. | | 3. Mailing Address 12810 Tamiami Trail N. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Naples, FL | | City & State Naples, FL | | 4. FEI Number 02-0569618 | |
| Zip 34110 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent CAUDILL, JAMES F 2640 GOLDEN GATE PKWY #115 NAPLES, FL 34105 | | | 7. Name and Address of New Registered Agent Name Stephen V. Robison Street Address (P.O. Box Number is Not Acceptable) 12810 Tamiami Trail N. City Naples FL Zip Code 34110 | | |
| 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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div> Stephen V. Robison <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> 4-7-04 <small>DATE</small> </div> </div> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BASIK, LARRY 720 GOODLETTE RD. NORTH, STE. 305 NAPLES, FL 34102 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GATES MCVEY CAPITAL GROUP, L.L.C. 5405 PARK CENTRAL CT. NAPLES, FL 34109 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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. | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div> Stephen V. Robison <small>Date</small> </div> <div> 4-7-04 <small>Daytime Phone #</small> </div> <div> 239-593-3777 </div> </div> | | | | | |