

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001644

Entity Name: VECTOR, L.L.C.

FILED  
Mar 15, 2006  
Secretary of State

**Current Principal Place of Business:**

720 GOODLETTE ROAD  
SUITE 305  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

720 GOODLETTE ROAD  
SUITE 305  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 02-0569618

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BASIK, KEITH  
720 GOODLETTE ROAD  
SUITE 305  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BASIK, LARRY  
Address: 720 GOODLETTE RD. NORTH, STE. 305  
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Delete  
Name: BASIK, JEFF  
Address: 720 GOODLETTE RD, SUITE 305  
City-St-Zip: NAPLES, FL 34102

Title: MGR ( ) Delete  
Name: BASIK, KEITH  
Address: 720 GOODLETTE RD, SUITE 305  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANNA ULLE

MGR

03/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date