

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001644

FILED
Mar 15, 2006
Secretary of State

Entity Name: VECTOR, L.L.C.

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