
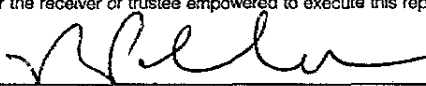


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

May 04, 2006 08:00 A
Secretary of State

DOCUMENT # L01000007172 1. Entity Name VAIL, LLC		
Principal Place of Business 1000 ELDORADO AVE CLEARWATER, FL 33767		Mailing Address PO BOX 1558 CLEARWATER, FL 33757
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RIVELLINI, PETER A 911 CHESTNUT STREET CLEARWATER, FL 33756		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RONALD & MIREILLE POLLACK AS TBE 1000 ELDORADO AVE CLEARWATER, FL 33767	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		RONALD J. POLLACK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date APRIL 29, 2006 Daytime Phone # 727-725-5225



04262006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3716691

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

000000563254
05/20/06-80003-021 50.00

**DO NOT WRITE
IN THIS SPACE**