2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

ANNOAL KEPOKI				Secretary of Stat	
DOCUMENT # L01000012067					
1. Entity Name					
VICTMA	RKETING LLC	-			
			A STATE OF THE PARTY OF THE PAR		
Principal Pla	ce of Business	Mailing Address		1	
14001 63RD WAY N. 14001 63RD WAY N.					
CLEARLWAI	TER, FL 33760	CLEARLWATER, FL 33760			
			1+	.	
DO NOT WRITE IN THIS SPACE			1	01252005 No Chg-LLC CR2E083 (10/03)	
			CE		
				4. FEI Number Applied For	
				59-3737076 Not Applicable 5 Cardificate of Status Desired S.00 Additional	
		ACTOR STATE OF THE		5. Certificate of Status Desired	
	6. Name and Address of Current	Registered Agent		Composition Composition of the C	
MCGINTY	, A. EDWARD			DO NOT WOLFE	
BANK OF AMERICA PLAZA			DO NOT WRITE		
101 E. KENNEDY BLVD., STE. 2800 TAMPA, FL 33602			ļ	IN THIS SPACE	
1.70411 (7) 1	L 33002			O. 7.0 L	
				n to the same mathem, or agriculture applicate, ungoing	
8. The above the obliga	e named entity submits this statement fo dions of registered agent.	r the purpose of changing its registe.	red office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept	
,				ere .	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE, Register	ed Agent signature required	when reinstating) DATE	
F	iling Fee is \$50.00 lue by May 1, 2005				
				ter in the second of the secon	
9.	MANAGING MEMBE	RS/MANAGERS .	_		
TITLE NAME	MGR POITRAS, ROBERT		1		
STREET ADDRESS	14001 63RD WAY N				
CITY-ST-ZIP	CLEARWATER, FL 33760		l .	<u> </u>	
TITLE			1	02/01/05-80025-008 50.00	
NAME					
STREET ADDRESS CITY-ST-ZIP	}			•	
TITLE			. — was to see		
NAME	į		1		
STREET ADDRESS				DO NOT WRITE	
CITY-ST-ZIP					
TITLE			j	IN THIS SPACE	
NAME STREET ADDRESS				च्या ता के निष्या प्रस्ता करता है कि प्रस्ता होताला 	
CITY-ST-ZIP					
TITLE	<u> </u>				
NAME			Į.		
PTDECY ADDRECC	I				

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:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

URE:
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/25/05

727 -577 -6736

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Daytene Phone #