


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000000107

1. Entity Name
VERMILLION TONEY LLC



Principal Place of Business 911 NW 18TH ST CAPE CORAL, FL 33993	Mailing Address P.O. BOX 152504 CAPE CORAL, FL 33915
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01062004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1153792	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TONEY, KELLY D
 911 NW 18TH ST
 CAPE CORAL, FL 33993**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TONEY, KELLY D 911 NW 18 ST. CAPE CORAL, FL 33933
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VERMILLION, MICHAEL D 911 NW 18 ST CAPE CORAL, FL 33933
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 01/12/04-80018-024 55.00

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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: Kelly D. Toney **239-573-5911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #