


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000006659**  
 1. Entity Name  
**VICKI E, L.C.**



Principal Place of Business  
**6925 NW 42ND STREET**  
**MIAMI, FL 33166-6820 US**

Mailing Address  
**6925 NW 42ND STREET**  
**MIAMI, FL 33166-6820 US**

**DO NOT WRITE IN THIS SPACE**



03262006 No Chg-LLC CR2E083 (11/05)

4. FEI Number  
**45-0477170** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BENDER, HARRY K**  
**BENDER, BENDER & CHANDLER, P.A.**  
**5915 PONCE DE LEON BLVD., STE. 60**  
**CORAL GABLES, FL 33146**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FEELEY, JOHN J JR.
STREET ADDRESS	6925 NW 42ND STREET
CITY-ST-ZIP	MIAMI, FL 331666820
TITLE	MGR
NAME	FEELEY, VICKI
STREET ADDRESS	6925 NW 42ND STREET
CITY-ST-ZIP	MIAMI, FL 331666820
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/18/06-80041-008 50.00

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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: X Vicki E Feeley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_