2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2005
Secretary of State

DOCUMENT# L03000002509

Entity Name: VYKON PROPERTIES, LLC

Current Principal Place of Business:

27081 PINETRAIL CT
BONITA SPRINGS, FL 34135

New Principal Place of Business:

8870 TERRENE CT.
106
BONITA SPRINGS, FL 34135

Current Mailing Address:

27081 PINETRAIL CT
BONITA SPRINGS, FL 34135

New Mailing Address:

8870 TERRENE CT.
106
BONITA SPRINGS, FL 34135

FEI Number: 04-3733088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BURKHEAD, ROBERT A MR.
5633 STRAND BOULEVARD
301
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

BURKHEAD, ROBERT A MR.
8870 TERRENE CT.
106
BONITA SPRINGS, FL FL US

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: ROBERT A BURKHEAD 07/11/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BURKHEAD, ROBERT A
Address: 27081 PINETRAIL CT
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BURKHEAD, ROBERT A
Address: 8870 TERRENE CT., #106
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT A BURKHEAD MGR 07/11/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date