
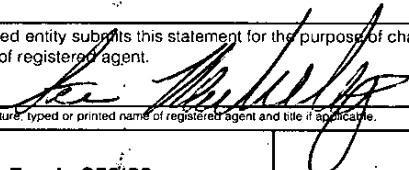
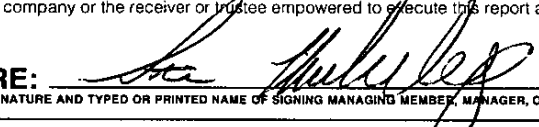


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90051 017 \*\*\*\*50.00

<b>DOCUMENT # L03000017067</b>					
<b>1. Entity Name</b> VESTOR PROPERTY MANAGEMENT, LLC					
<b>Principal Place of Business</b> 104 SARAASOTA QUAY SARASOTA, FL 34236			<b>Mailing Address</b> 104 SARAASOTA QUAY SARASOTA, FL 34236		
<b>2. Principal Place of Business</b> 103 Sarasota Quay Suite, Apt. #, etc.		<b>3. Mailing Address</b> 104 Sarasota Quay Suite, Apt. #, etc.			
<b>City &amp; State</b> Sarasota FL Zip 34236 Country Sarasota		<b>City &amp; State</b> Sarasota FL Zip 34236 Country Sarasota		<b>4. FEI Number</b> 04-3763589	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> BUSINESS FILINGS INCORPORATED 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301-0000			<b>7. Name and Address of New Registered Agent</b> Name: Steven R. Medendorp Street Address (P.O. Box Number is Not Acceptable): 104 Sarasota Quay City: Sarasota FL Zip Code: 34236		
<b>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.</b> SIGNATURE:  DATE: 4/18/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> NATIONAL PROJECT MANAGEMENT, INC. <b>STREET ADDRESS</b> 1820 MEADOWOOD ST. <b>CITY-ST-ZIP</b> SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> East Coast Commercial Holdings, LP <b>STREET ADDRESS</b> 2377 Trayway Dr., PO Box 4470 <b>CITY-ST-ZIP</b> St Augustine, FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			Date: 4/18/05 Daytime Phone #: (941) 308-1177		