

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
-Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000017511
 1. Entity Name
 EXCESSVAKABAL, LLC



Principal Place of Business: 1101 SUGAR SANDS BLVD. #6 SINGER ISLAND, FL 33404
 Mailing Address: 1101 SUGAR SANDS BLVD. #6 SINGER ISLAND, FL 33404

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02162005No Chg-LLC CR2E083 (10/03)

4. FEI Number: NOT APPLICABLE Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 JOHN, MIELE
 1101 SUGAR SANDS BLVD. #6
 SINGER ISLAND, FL 33404

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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: *[Signature]* DATE: 2/18/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MIELE, JOHN
STREET ADDRESS	1101 SUGAR SANDS BLVD. #6
CITY-ST-ZIP	SINGER ISLAND, FL 33404
TITLE	MGR
NAME	DE LA TORRE, GILBERTO
STREET ADDRESS	1101 SUGAR SANDS BLVD. #6
CITY-ST-ZIP	SINGER ISLAND, FL 33404
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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 02/23/05-80011-023 50.00

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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: *[Signature]* DATE: 2/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #