

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90118 025 ****50.00

DOCUMENT # L03000024430

1. Entity Name
VESTOR PROPERTIES 101, LLC



Principal Place of Business
**105 SARASOTA QUAY
SARASOTA, FL 34236**

Mailing Address
**105 SARASOTA QUAY
SARASOTA, FL 34236**

20053026



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262005 Chg-LLC CR2E083 (10/03)

4. FEI Number
81-0627747

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301**

Name **Steven R. Medendorp**

Street Address (P.O. Box Number is Not Acceptable)

104 Sarasota Quay

City **Sarasota**

FL

Zip Code **34236**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/05

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME **MGRM MCNALLY, WILLIAM** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **P.O. BOX 3292
SARASOTA, FL 34230**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **MGRM MCNALLY, SCOTT** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **P.O. BOX 2286
SARASOTA, FL 34230**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **MGRM TAUSSIG, GREGORY** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **1640 STARLING DRIVE
SARASOTA, FL 34231**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **MGRM TAUSSIG, DONALD** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **750 NORTH TAMiami TRAIL, UNIT 706
SARASOTA, FL 34236**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/05

DATE

941-362-5750

Daytime Phone #