
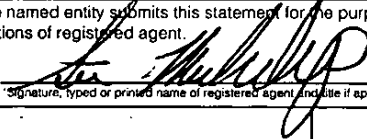
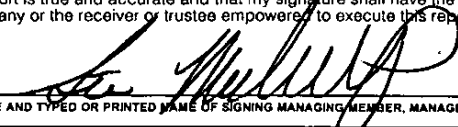


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90271 014 ****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		
2. Principal Place of Business 1886 Stickney Point Rd Suite, Apt. #, etc.		3. Mailing Address 1886 Stickney Point Rd Suite, Apt. #, etc.			
City & State Sarasota, FL		City & State Sarasota, FL		4. FEI Number 81-0627747	
Zip 34231		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MEDENDORP, STEVEN R 104 SARASOTA QUAY SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name: Steven Medendorp Street Address (P.O. Box Number is Not Acceptable): 1884 Stickney Point Rd City: Sarasota FL Zip Code: 34231		
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:  DATE: 2/9/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME MCNALLY, WILLIAM STREET ADDRESS P.O. BOX 3292 CITY-ST-ZIP SARASOTA, FL 34230	<input type="checkbox"/> Delete		TITLE MGRM NAME McNally, William STREET ADDRESS 1886 Stickney Point Rd CITY-ST-ZIP Sarasota, FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME MCNALLY, SCOTT STREET ADDRESS P.O. BOX 2286 CITY-ST-ZIP SARASOTA, FL 34230	<input type="checkbox"/> Delete		TITLE MGRM NAME McNally, Scott STREET ADDRESS 1886 Stickney point Rd CITY-ST-ZIP Sarasota, FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME TAUSSIG, GREGORY STREET ADDRESS 1640 STARLING DRIVE CITY-ST-ZIP SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME TAUSSIG, DONALD STREET ADDRESS 750 NORTH TAMiami TRAIL, UNIT 706 CITY-ST-ZIP SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			2/9/06 (941) 308-1175		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		