2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2006
Secretary of State

DOCUMENT# L03000027497

Entity Name: VASCAM REALTY GROUP, LLC

Current Principal Place of Business:

46 NORTH WASHINGTON BLVD., SUITE 11
SARASOTA, FL 34236

New Principal Place of Business:

46 NORTH WASHINGTON BLVD., SUITE11
SARASOTA, FL 34236

Current Mailing Address:

46 NORTH WASHINGTON BLVD., SUITE 11
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 42-1600578 **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:

VAN NESS, W. SCOTT
46 N. WASHINGTON BLVD., SUITE 9
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: ______________________________
Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM ( ) Delete
Name:	VAN NESS, W. SCOTT
Address:	46 NORTH WASHINGTON BLVD., SUITE 9
City-St-Zip:	SARASOTA, FL 34236
Title:	MGRM ( ) Delete
Name:	VAN NESS, VARINIA
Address:	46 NORTH WASHINGTON BLVD., SUITE 9
City-St-Zip:	SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: W. SCOTT VAN NESS   MGRM   06/07/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date