
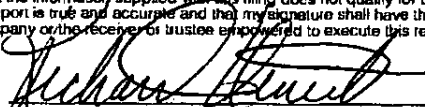


2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90452 020 \*\*\*\*50.00

<b>DOCUMENT # L03000028425</b>					
1. Entity Name <b>THE VINCIK GROUP, LLC</b>					
Principal Place of Business <b>4101 N. ANDREWS AVENUE, #101 FORT LAUDERDALE, FL 33309</b>			Mailing Address <b>4101 N. ANDREWS AVENUE, #101 FORT LAUDERDALE, FL 33309</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>01-0813206</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>VINCIK, RICHARD 4101 N. ANDREWS AVENUE, #101 FORT LAUDERDALE, FL 33309</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	VINCIK, RICHARD	4101 N. ANDREWS AVENUE, #101	FORT LAUDERDALE, FL 33309		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 EXPIRING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					