


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 25, 2005 08:00 A
Secretary of State

DOCUMENT # L03000030604	
1. Entity Name VAUGHAN REALTY GROUP, L.L.C.	

Principal Place of Business 6770 WEST STATE ROAD 46 SANFORD, FL 32771	Mailing Address 6770 WEST STATE ROAD 46 SANFORD, FL 32771
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DO NOT WRITE IN THIS SPACE



04152005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 57-1183795	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO, FL 32803

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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

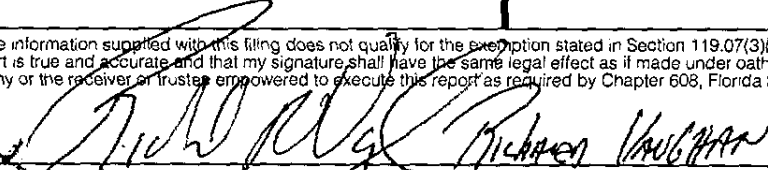
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAUGHAN, RICHARD 6900 SOUTH SYLVAN LK DR SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAUGHAN, ROBERT 682 GLADVIEW DR SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAUGHAN, JAMES 450 LAKE SYBELIA DR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/25/05-80147-016 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:  **Richard Vaughan** 4/24/05 3300296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

EX 251