
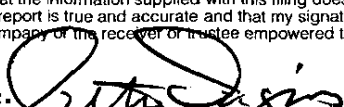


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90274 004 \*\*\*\*50.00

<b>DOCUMENT # L03000035220</b>					
1. Entity Name <b>VAPED, L.L.C.</b>					
Principal Place of Business <b>2054 LOMA LINDA WAY S CLEARWATER, FL 33763</b>			Mailing Address <b>2054 LOMA LINDA WAY S CLEARWATER, FL 33763</b>		
2. Principal Place of Business		3. Mailing Address <b>35246 US Hwy 19N</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>PMB #218</b>			
City & State		City & State <b>Palm Harbor, FL</b>			
Zip	Country	Zip	Country	4. FEI Number EIN # <b>20-0230945</b>	
<b>34684</b>	<b>USA</b>	<b>34684</b>	<b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DAGIOS, PETE 2054 LOMA LINDA WAY S CLEARWATER, FL 33763</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				Zip Code <b>FL</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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	<b>MGRM VOXAKIS, ANGELO 13216 DULANEY VALLEY RD GLEN ARM, MD 21057</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VOXAKIS, EUGENIA 13216 DULANEY VALLEY RD GLEN ARM, MD 21057</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 			2-16-04 727-786-3400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		