


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000037990 1. Entity Name VESTURA, LLC	
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Principal Place of Business 4267 CAMDEN ROAD TALLAHASSEE, FL 32303	Mailing Address PO BOX 491 TALLAHASSEE, FL 32302
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DO NOT WRITE IN THIS SPACE



07112006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3714844	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 FARRAR, HARRY J JR. 4267 CAMDEN ROAD TALLAHASSEE, FL 32303

**DO NOT WRITE
IN THIS SPACE**

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

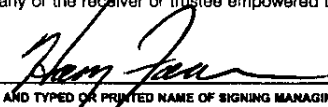
**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FARRAR, HARRY 4267 CAMDEN ROAD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARRAR, SUZANNE 4267 CAMDEN ROAD TALLAHASSEE, FL 32303
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08/17/06-80002-019 50.00

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/10/06 850-891-8361
Date Daytime Phone #