

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90057 034 \*\*\*\*50.00

**DOCUMENT # L03000046120**

1. Entity Name  
ATTORNEY TO ATTORNEY, LLC



Principal Place of Business  
1005 PINE LAKE CIRCLE  
PALM BEACH GARDENS, FL 33418 US

Mailing Address  
1005 PINE LAKE CIRCLE  
PALM BEACH GARDENS, FL 33418 US

**DO NOT WRITE IN THIS SPACE**



03062005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
45-0529048

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

VICKEY, GERARD M  
1005 PINE LAKE CIRCLE  
PALM BEACH GARDENS, FL 33418

**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 May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	VICKEY, GERARD M
STREET ADDRESS	1005 PINE LAKE CIRCLE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410 33418

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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:** Gerard M. Vickey GERARD M. Vickey

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

Date 3-9-05

Daytime Phone #

561-622-0246