

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056635

Entity Name: VIKTOR ANTIPOV, LLC

FILED
Jul 22, 2005
Secretary of State

Current Principal Place of Business:

4394 SUMMERTREE RD.
VENICE, FL 34293

New Principal Place of Business:

1067 VENETIAN PKWY
VENICE, FL 34285

Current Mailing Address:

4394 SUMMERTREE RD.
VENICE, FL 34293

New Mailing Address:

1067 VENETIAN PKWY
VENICE, FL 34285

FEI Number: 27-0079801 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ANTIPOV, VIKTOR
4394 SUMMERTREE RD
VENICE, FL 34293 US

Name and Address of New Registered Agent:

ANTIPOV, VIKTOR
1067 VENETIAN PKWY
VENICE, FL 34285 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

07/22/2005

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ANTIPOV, VIKTOR
Address: 4394 SUMMERTREE RD
City-St-Zip: VENICE, FL 34293

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ANTIPOV, VIKTOR
Address: 1067 VENETIAN PKWY
City-St-Zip: VENICE, FL 34285

Title: MNG () Change (X) Addition
Name: ANTIPOV, LYUBOV
Address: 1067 VENETIAN PKWY
City-St-Zip: VENICE, FL 34285

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: VIKTOR ANTIPOV

MNG

07/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date