
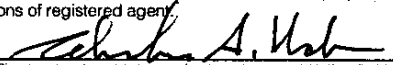
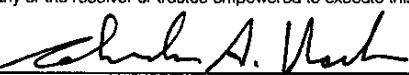


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90018 016 \*\*\*\*50.00

<b>DOCUMENT # L04000032079</b> 1. Entity Name <b>VLCEK PARTNERS, LLC</b>					
Principal Place of Business <b>3844 SABER TOOTH CIRCLE</b> <b>GULF BREEZE, FL 32563-3520 US</b>			Mailing Address <b>3844 SABER TOOTH CIRCLE</b> <b>GULF BREEZE, FL 32563-3520 US</b>		
2. Principal Place of Business <b>506 E. Belmont St</b> Suite, Apt. #, etc.		3. Mailing Address <b>506 E. Belmont St</b> Suite, Apt. #, etc.			
City & State <b>Pensacola FL</b>		City & State <b>Pensacola FL</b>		4. FEI Number <b>20-1060745</b>	
Zip <b>32501</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>VLCEK, CHARLES A.</b> <b>3844 SABER TOOTH CIRCLE</b> <b>GULF BREEZE, FL 32563-3520</b>				7. Name and Address of New Registered Agent Name <b>VLCEK, Charles A</b> Street Address (P.O. Box Number is Not Acceptable) <b>506 E. Belmont St</b> City <b>Pensacola FL</b> Zip Code <b>32501</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  DATE <b>4-7-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VLCEK, CHARLES A 3844 SABER TOOTH CIRCLE GULF BREEZE, FL 325633520	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VLCEK, Charles A 506 E. Belmont St Pensacola FL 32501
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VLCEK, 3844 SABER TOOTH CIRCLE GULF BREEZE, FL 325633520	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VLCEK 506 E. Belmont St Pensacola FL 32501
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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.					
<b>SIGNATURE:</b> 			<b>4-7-05 850 232 8027</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		