


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90031 036 ****50.00

DOCUMENT # L04000061253	
1. Entity Name VIC NIC HOLDINGS, LLC	

Principal Place of Business 17996 SOUTHWEST 97TH AVENUE PALMETTO BAY FL 33157	Mailing Address 17996 SOUTHWEST 97TH AVENUE PALMETTO BAY FL 33157
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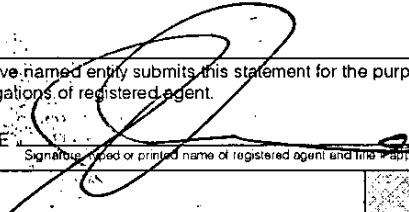
2. Principal Place of Business.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent PADRON, CARLOS E ESQ 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name QUINTERO, JUAN F. Street Address (P.O. Box Number is Not Acceptable) 17996 SW 97 AVE City MIAMI FL Zip Code 33157	
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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  **JUAN F. QUINTERO** **04/12/05**
Signature, typed or printed name of registered agent and Title (Applicable) (NOTE: Registered Agent signature required when reinstating) OWNER DATE

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005	
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUINTERO, JUAN 17996 SW 97TH AVENUE PALMETTO BAY FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUINTERO, LOURDES 17996 SW 97TH AVENUE PALMETTO BAY FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **04/12/05 305 235-5954**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #