


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90048 032 ****50.00

DOCUMENT # L04000067656																																																																																																						
1. Entity Name VECTOR LAND DEVELOPMENT, LLC																																																																																																						
Principal Place of Business C/O REBECCA J. PROCTOR 22 SOUTH LINKS AVE., SUITE 300 SARASOTA, FL 34236		Mailing Address C/O REBECCA PROCTOR // DUNLAP & MORAN, P.A. P.O. BOX 3948 SARASOTA, FL 34230-3948																																																																																																				
2. Principal Place of Business <i>5049 Ringwood MDWS #B</i>		3. Mailing Address <i>5049 Ringwood MDWS #B</i>																																																																																																				
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																				
City & State <i>Sarasota FL</i>		City & State <i>Sarasota, FL</i>																																																																																																				
Zip <i>34235-2035</i>		Zip <i>34235-2035</i>																																																																																																				
Country <i>USA</i>		Country <i>USA</i>																																																																																																				
4. FEI Number <i>20-2420306</i>		03162005 Chg-LLC CR2E083 (10/03)																																																																																																				
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																																																																																																				
6. Name and Address of Current Registered Agent PROCTOR, REBECCA J 22 SOUTH LINKS AVE., SUITE 300 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1990 Main Street, Suite 700 City <i>Sarasota</i> State <i>FL</i> Zip/Code <i>34236</i>																																																																																																				
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 _____ (NOTE: Registered Agent signature required when restate) DATE _____																																																																																																						
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																																																																																																				
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td><i>MGR DAVID Verizzo</i></td> <td><i>5049 Ringwood MDWS Ste B</i></td> <td><i>SARASOTA, FL 34235-2035</i></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		<i>MGR DAVID Verizzo</i>	<i>5049 Ringwood MDWS Ste B</i>	<i>SARASOTA, FL 34235-2035</i>	<input type="checkbox"/>																																				10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: center;">Change</td> <td style="width:10%; text-align: center;">Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition																																																
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete																																																																																																		
	<i>MGR DAVID Verizzo</i>	<i>5049 Ringwood MDWS Ste B</i>	<i>SARASOTA, FL 34235-2035</i>	<input type="checkbox"/>																																																																																																		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	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.																																																																																																						
SIGNATURE: <i>[Signature]</i>		Date <i>4/27/05</i> Daytime Phone # <i>941-379-4800</i>																																																																																																				