


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 29, 2005 8:00 am**  
**Secretary of State**

06-29-2005 90087 003 \*\*\*\*50.00

<b>DOCUMENT # L04000070719</b> 1. Entity Name <b>KARL PETER VICKNER LLC</b>					
Principal Place of Business <b>2051 GRANADA STREET NAVARRE FL 32566</b>				Mailing Address <b>2051 GRANADA STREET NAVARRE FL 32566</b>	
2. Principal Place of Business <b>2160 CHATSWORTH DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2160 CHATSWORTH DR.</b> Suite, Apt. #, etc.			
City & State <b>NAVARRE FL</b>		City & State <b>NAVARRE FL</b>		4. FEI Number <b>20-1564510</b>	
Zip <b>32566</b>		Country <b>SANTA RUSA</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>VICKNER, KARL PETER 2051 GRANADA STREET NAVARRE FL 32566</b>				7. Name and Address of New Registered Agent Name <b>VICKNER, KARL PETER</b> Street Address (P.O. Box Number is Not Acceptable) <b>2160 CHATSWORTH DR.</b> City <b>NAVARRE FL</b> Zip Code <b>32566</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 <u>Karl P. Vickner</u> <b>Karl P. Vickner</b> <u>20 May 05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOUISE VICKNER, REBECCA 2051 GRANADA STREET NAVARRE FL 32566	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOUISE VICKNER, REBECCA 2160 CHATSWORTH DR. NAVARRE FL 32566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOUISE VICKNER, REBECCA 2160 CHATSWORTH DR. NAVARRE FL 32566	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOUISE VICKNER, REBECCA 2160 CHATSWORTH DR. NAVARRE FL 32566	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOUISE VICKNER, REBECCA 2160 CHATSWORTH DR. NAVARRE FL 32566	<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.					
SIGNATURE: <u>Rebecca Vickner</u> <b>Rebecca VICKNER</b> <u>20 May 05</u> <b>(850) 939-1784</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					