


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State


03-28-2006 90011 034 ****55.00

DOCUMENT # L04000073404	
1. Entity Name VICTOR PROPERTIES LLC	

Principal Place of Business 210 OLD KINGS RD SOUTH SUITE 600 FLAGLER BEACH, FL 32136	Mailing Address 210 OLD KINGS RD SOUTH SUITE 600 FLAGLER BEACH, FL 32136
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2. Principal Place of Business 810 SWIFT ST.	3. Mailing Address 5 EASTLAKE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DAYTONA BEACH FL	City & State PALM COAST FL
Zip 32114	Zip 32137
Country USA	Country FLA GLER

	
02152006 Chg-LLC	CR2E083 (11/05)
4. FEI Number 27-0110370	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fees Required

6. Name and Address of Current Registered Agent	
TULCHINSKY, VICTOR 210 OLD KINGS RD SOUTH 600 FLAGLER BEACH, FL 32136	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TULCHINSKY, VALENTINA 5305 WHITE OAK AVE UNIT "H" ENCINO, CA 91316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TULCHINSKY VALENTINA 5 EASTLAKE DR PALM COAST FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Victor Tulchinsky **03/19/06** **(310) 877-1035**

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