

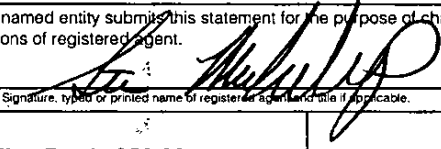
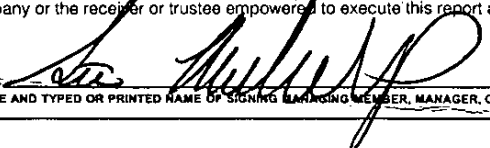


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90271 016 \*\*\*\*50.00

<b>DOCUMENT # L04000080099</b> 1. Entity Name <b>VESTOR PROPERTIES 104, LLC</b>					
Principal Place of Business <b>105 SARASOTA QUAY SARASOTA, FL 34236</b>			Mailing Address <b>105 SARASOTA QUAY SARASOTA, FL 34236</b>		
2. Principal Place of Business <b>1886 Stickney Point Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>1886 Stickney Point Rd</b> Suite, Apt. #, etc.			
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>34231</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960</b>			7. Name and Address of New Registered Agent Name <b>Steven Medendorp</b> Street Address (P.O. Box Number is Not Acceptable) <b>1884 Stickney Point Rd</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34231</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>2/9/06</b> <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNALLY, WILLIAM 105 SARASOTA QUAY SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNALLY, WILLIAM 1886 Stickney point Rd Sarasota, FL 34231
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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: 			Date <b>2/9/06</b> (941)308-1175		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					