

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90010 019 \*\*\*\*50.00

<b>DOCUMENT # L04000082461</b>					
<b>1. Entity Name</b> VAUGHN LLC					
<b>Principal Place of Business</b> P.O. BOX 64 TAVERNIER, FL 33070			<b>Mailing Address</b> P.O. BOX 64 TAVERNIER, FL 33070		
<b>2. Principal Place of Business</b> 160 Sterling Rd. Suite, Apt. #, etc. TAVERNIER, FLA. City & State		<b>3. Mailing Address</b> 160 Sterling Rd. Suite, Apt. #, etc. TAVERNIER, FLA. City & State		04052005    Chg-LLC    CR2E083 (10/03)	
Zip 33070    Country MONROE		Zip 33070    Country MONROE		<b>4. FEI Number</b> 20-1879443	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> VAUGHN, ROBERT O 159 NORTH AIRPORT ROAD TAVERNIER, FL 33070			<b>7. Name and Address of New Registered Agent</b> Name VAUGHN, ROBERT O. Street Address (P.O. Box Number is Not Acceptable) 159 N. AIRPORT ROAD City TAVERNIER FLA. FL    Zip Code 33070		
<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.</b> SIGNATURE <u>R. O. Vaughn</u> DATE <u>4/14/05</u> <small>(Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VAUGHN, SHIRLEY A P.O. BOX 64 TAVERNIER, FL 33070	<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 VAUGHN, ROBERT O P.O. BOX 64 TAVERNIER, FL 33070	<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 VAUGHN, ROBERT R P.O. BOX 464 TAVERNIER, FL 33070	<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 VAUGHN, RYAN R P.O. BOX 464 TAVERNIER, FL 33070	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	RYAN R. VAUGHN P.O. Box 290 TAVERNIER, FLA. 33070 <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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Shirley A. Vaughn</u> <u>SHIRLEY A. VAUGHN</u> <u>4-14-05</u> <u>305-8525248</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					