

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082461

Entity Name: VAUGHN LLC

FILED
Mar 16, 2007
Secretary of State

Current Principal Place of Business:

160 STERLING RD
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

160 STERLING RD
TAVERNIER, FL 33070

New Mailing Address:

FEI Number: 20-1879443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAUGHN, ROBERT O
159 NORTH AIRPORT ROAD
TAVERNIER, FL 33070 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VAUGHN, SHIRLEY A
Address: P.O. BOX 64
City-St-Zip: TAVERNIER, FL 33070

Title: MGR () Delete
Name: VAUGHN, ROBERT O
Address: P.O. BOX 64
City-St-Zip: TAVERNIER, FL 33070

Title: MGR () Delete
Name: VAUGHN, ROBERT R
Address: P.O. BOX 464
City-St-Zip: TAVERNIER, FL 33070

Title: MGR () Delete
Name: VAUGHN, RYAN R
Address: PO BOX 290
City-St-Zip: TAVERNIER, FL 33070

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT R. VAUGHN

MGR

03/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date