

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 26, 2005  
Secretary of State**

DOCUMENT# L04000091499

Entity Name: TICK VAULT LLC

**Current Principal Place of Business:**

568 NINTH STREET SOUTH  
SUITE 202  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

568 NINTH STREET SOUTH  
SUITE 202  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LIESKE, NOAH S  
568 NINTH STREET SOUTH  
SUITE 202  
NAPLES, FL 34102 US

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: MGRM ( ) Delete  
Name: LIESKE, NOAH S  
Address: 568 NINTH STREET SOUTH SUITE 202  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

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 Section 119.07(3)(i), 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: NOAH LIESKE

MGRM

07/26/2005

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