

Jan 16,
Seci

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000091840

1. Entity Name
VESTOR PROPERTIES 103, LLC



Principal Place of Business
1886 STICKNEY POINT RD
SARASOTA, FL 34231

Mailing Address
1886 STICKNEY POINT RD
SARASOTA, FL 34231



01102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2053783	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

MEDENDORP, STEVEN R.
1884 STICKNEY POINT RD
SARASOTA, FL 34231

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	M McNALLY, SCOTT
STREET ADDRESS	1886 STICKNEY POINT RD
CITY-ST-ZIP	SARASOTA, FL 34231

TITLE	MGRM
NAME	M McNALLY, TODD
STREET ADDRESS	1884 STICKNEY POINT RD
CITY-ST-ZIP	SARASOTA, FL 34231

TITLE	MGRM
NAME	STIENEKER, STEPHEN
STREET ADDRESS	1884 STICKNEY POINT RD
CITY-ST-ZIP	SARASOTA, FL 34231

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000587381
01/17/07-80031-008 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Scott McNally
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/9/07
Date

(941)
650-4459
Daytime Phone #