


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90223 001 \*\*\*300.00

**DOCUMENT # L05000043315**

1. Entity Name  
**VICKYBIL, LLC**



Principal Place of Business <b>901 PONCE DE LEON BLVD., SUITE 603          CORAL GABLES, FL 33134</b>	Mailing Address <b>901 PONCE DE LEON BLVD., SUITE 603          CORAL GABLES, FL 33134</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01232007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**APPLIED FOR # 20-838322** | Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ALBORNOZ, WILLIAM H          901 PONCE DE LEON BLVD., SUITE 603          CORAL GABLES, FL 33134</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

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 re-stating) DATE \_\_\_\_\_

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

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCENENEY, VICTORIA 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134 <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 ALBORNOZ, EMMIE T 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134 <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	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Emmie AlbornoZ 11/23/07 (305)444-174  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #