

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000045225

1. Entity Name
VCK PROPERTIES, L.L.C.



Principal Place of Business
940 HIGHWAY 98 E
#94
DESTIN, FL 32541 US

Mailing Address
1529 MILLINGTON ROAD
COLUMBUS, GA 31904 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

07182006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-5322106

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MEDLEY, KRISTINA
940 HIGHWAY 98 E
#94
DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when renaming) DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
MEDLEY, KRISTINA
940 HIGHWAY 98 E, #94
DESTIN, FL 32541

10.

ADDITIONS/CHANGES

Change Addition

1529 Millington Road
Columbus, Georgia 31904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
Victor R. Garcia
7839 Holmen Ctr
Col., Ga 31903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
Carlos R. Garcia
1000 Peachtree St
Col., Ga 31904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Kristina Medley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/14/2006 706-596-1714

08-17-2006 90044 026 ****50.00

**FILED
Aug 17, 2006 8:00 am
Secretary of State**