


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000053019  
1. Entity Name  
VECTORSPEACE PROPERTIES, LLC



Principal Place of Business: 755 NW 17TH AVENUE, STE. 101, DELRAY BEACH, FL 33445  
Mailing Address: 755 NW 17TH AVENUE, STE. 101, DELRAY BEACH, FL 33445

**DO NOT WRITE IN THIS SPACE**



04122007No Chg-LLC CR2E083 (11/05)

4. FEI Number 42-1679694	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
MILLSPAUGH, JOHN A  
717-7 NE 12TH TERRACE  
BOYNTON BEACH, FL 33435

**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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAHRABANI, TERRY M 1114 N ATLANTIC DRIVE LANTANA, FL 33462
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04/26/07-80030-013 55.00

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: [Signature] Date: 4/12/07 Daytime Phone #: 561-313-6782  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE