
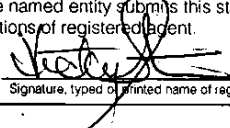
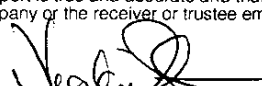


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90002 007 \*\*\*\*50.00

<b>DOCUMENT # L05000053310</b> 1. Entity Name <b>VICKY LEE SANTANA, LLC.</b>					
Principal Place of Business <b>5055 NORTH HIGHWAY A1A</b> <b>VERO BEACH, FL 32963 US</b>			Mailing Address <b>5055 NORTH HIGHWAY A1A</b> <b>VERO BEACH, FL 32963 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SANTANA, VICKY LEE</b> <b>10600 US HWY 1</b> <b>SEBASTIAN, FL 32958</b>				Name <b>Santana, Vicky Lee</b> Street Address (P.O. Box Number is Not Acceptable) <b>5055 North Hwy A1A</b> City <b>Vero Beach</b> <b>FL</b> Zip Code <b>32963</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>2/28/2006</b>	
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>SANTANA, VICKY LEE</b> <b>10600 US HWY 1</b> <b>SEBASTIAN, FL 32958</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Santana, Vicky Lee</b> <b>5055 North Hwy A1A</b> <b>Vero Beach FL 32963</b>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>2/28/2006</b> (772) 231-5849 <small>Daytime Phone #</small>	