

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/ **FILED**
Mar 13, 2006 8:00 am
Secretary of State

02-21-2006 90177 007 ****50.00

DOCUMENT # L05000069652			
1. Entity Name VESTOR AUTO FINANCING, LLC			
Principal Place of Business 104 SARASOTA QUAY SARASOTA, FL 34236		Mailing Address 104 SARASOTA QUAY SARASOTA, FL 34236	
2. Principal Place of Business 1882 Stickney Point Rd		3. Mailing Address 1882 Stickney Point Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34231	Country USA	Zip 34231	Country USA
6. Name and Address of Current Registered Agent MEDENDORP, STEVEN 104 SARASOTA QUAY SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name: Steven Medendorp Street Address (P.O. Box Number is Not Acceptable): 1884 Stickney Point Rd City: Sarasota FL Zip Code: 34231	
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: <i>Steven Medendorp</i> (NOTE: Registered Agent signature required when reinstating) DATE: 2/9/06			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNALLY, TODD 104 SARASOTA QUAY SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM McNally, Todd 1884 Stickney Point Rd Sarasota, FL 34231 <input checked="" 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
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: <i>Steven Medendorp</i>		2/9/06 (941) 308-1175	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30002269



02072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3174967 Applied For Not Applicable

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



ATTACHMENT
30002269

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

VESTOR AUTO FINANCING, LLC
1882 STICKNEY POINT ROAD
SARASOTA, FL 34231

Subject: VESTOR AUTO FINANCING, LLC

Reference Number: L05000069652

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD
ANNUAL REPORTS SECTION