2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State
03-23-2006 90256 019 ****50.00

DOCUMENT # L05000077608

1. Entity Name
VESTOR HOMES, LLC

30004463

Principal Place of Business	Mailing Address
104 SARASOTA QUAY SARASOTA, FL 34236	104 SARASOTA QUAY SARASOTA, FL 34236

02072006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
1884 Stickney Point Rd	1884 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

4. FEI Number 20-3277274 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MEDENDORP, STEVEN 104 SARASOTA QUAY SARASOTA, FL 34236	Name: Steven Medendorp Street Address (P.O. Box Number is Not Acceptable): 1884 Stickney Point Road 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 [signature] 2/9/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 34238 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM McNally, Todd 1884 Stickney Point Rd. Sarasota, FL 34231 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Mark Kalman 1884 Stickney Point Rd Sarasota FL 34231 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] 2/9/06 (941) 308-1175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #