

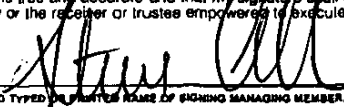


FILED
May 18, 2007 8:00 am
Secretary of State

04-27-2007 90035 026 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000081304		
1. Entity Name VICO DEVELOPMENT LLC		
Principal Place of Business 6520 BAYSHORE BOULEVARD TAMPA, FL 33611		Mailing Address P.O. BOX 130167 TAMPA, FL 33681
DO NOT WRITE IN THIS SPACE		
		
04242007 No Chg-LLC CR2E083 (11/05)		
4. FEI Number 06-1752817		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
ALLEN, STEVE. 6520 BAYSHORE BOULEVARD TAMPA, FL 33611		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ALLEN, STEVE 6520 BAYSHORE BOULEVARD TAMPA, FL 33611	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WILLIAMS, MARK 887 SHALLOW RUN ROAD SARASOTA, FL 34240	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ALLEN, MATT 4527 LITTLE JOHN TRAIL SARASOTA, FL 34232	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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: 		5/16/07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>