

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

09-05-2006 90051 036 *****50.00
L05000084645

DOCUMENT # L05000084645 1. Entity Name ANTHONY VICKERS LLC			
Principal Place of Business 1007 APOLLO BEACH BLVD. APT 5 APOLLO BEACH, FL 33572 US		Mailing Address 1007 APOLLO BEACH BLVD. APT 5 APOLLO BEACH, FL 33572 US	
2. Principal Place of Business 1702 5th St West Suite, Apt. #, etc.		3. Mailing Address 1702 5th St West Suite, Apt. #, etc.	
City & State Palmetto FL Zip 34221		City & State Palmetto FL Zip 34221	
Country Manatee		Country Manatee	
6. Name and Address of Current Registered Agent VICKERS, MICHELE 1007 APOLLO BEACH BLVD. APT 5 APOLLO BEACH, FL 33572		7. Name and Address of New Registered Agent Name Vickers, Michele Street Address (P.O. Box Number is Not Acceptable) 1702 5th St West City Palmetto FL Zip Code 34221	
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>Michele Vickers</i> DATE 9-1-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VICKERS, ANTHONY G 1007 APOLLO BEACH BLVD APT 5 APOLLO BEACH, FL 33572 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Vickers, Anthony G 1702 5th St West Palmetto FL 34221 <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
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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>Anthony G Vickers</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE & BUSINESS SERVICES
2006 OCT 19 AM 10:37



05042006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
☒ Not Applicable

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

STATEMENT
DB