


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jul 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # L05000084645 1. Entity Name ANTHONY VICKERS LLC	
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Principal Place of Business 1702 5TH ST. WEST PALMETTO, FL 34221 US	Mailing Address 1702 5TH ST. WEST PALMETTO, FL 34221 US
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05312007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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

VICKERS, MICHELE
1702 5TH ST. WEST
PALMETTO, FL 34221

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

000000769095
07/16/07-80013-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR VICKERS, ANTHONY G 1702 5TH ST. WEST PALMETTO, FL 34221
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IN THIS SPACE**

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:

Anthony G Vickers

7-11-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #