

Sea IV  
**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L05000093031

1. Entity Name  
VICTORIA ARBOR, L.C.



**FILED  
Jul 19, 2007 8:00 am  
Secretary of State**

07-19-2007 90055 001 \*\*\*110.00

Principal Place of Business  
2901 WEST BUSCH BOULEVARD  
SUITE 901  
TAMPA, FL 33618

Mailing Address  
2901 WEST BUSCH BOULEVARD  
SUITE 901  
TAMPA, FL 33618

**DO NOT WRITE IN THIS SPACE**

**30011905**

05102007 No Chg-LLC CR2E083 (11/05)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>20-3685754  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

BEKIEMPIS, VINCENT  
2901 WEST BUSCH BOULEVARD  
SUITE 901  
TAMPA, FL 33618

**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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BEKIEMPIS, VINCENT<br>2901 WEST BUSCH BOULEVARD, SUITE 901<br>TAMPA, FL 33618 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE  
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:

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

11/11/07  
Vincent Bekiempis

11/19/07 (813) 915-9777  
Date Daytime Phone #