

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023157

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: VAGOVIC PROPERTIES, LLC.

**Current Principal Place of Business:**

517 HEALTH BLVD  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

517 HEALTH BLVD  
DAYTONA BEACH, FL 32114

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WICKERSHAM, CHRISTOPHER W SR. ESQ  
WICKERSHAM AND BOWERS  
501 N. GRANDVIEW AVENUE, SUITE 115  
DAYTONA BEACH, FL 32118 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VAGOVIC, R. JOHN M.D.  
Address: 517 HEALTH BLVD  
City-St-Zip: DAYTONA BEACH, FL 32114

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VAGOVIC, R. JOHN M.D.  
Address: 517 HEALTH BLVD  
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: R. JOHN VAGOVIC, M.D.

MGRM

02/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date