


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90190 050 ****50.00

DOCUMENT # L06000038774 1. Entity Name VAUGHN ENTERPRISES, LLC					
Principal Place of Business 7802 PALM DRIVE HOLMES BEACH, FL 34217 US			Mailing Address C/O ERNEST L. MASCARA, P.A. 475 CENTRAL AVENUE, SUITE 202 ST. PETERSBURG, FL 33701 US		
2. Principal Place of Business - No P.O. Box # 510B SOUTH DRIVE		3. Mailing Address P.O. Box 918			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State ANNA MARIA FL		City & State ANNA MARIA FL		4. FEI Number 20-4686936	
Zip 34216		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 34216		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MASCARA, ERNEST L THE KRESS BUILDING, SUITE 202 475 CENTRAL AVENUE ST. PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name BAKER, BARBARA Street Address (P.O. Box Number is Not Acceptable) 510B SOUTH DRIVE City ANNA MARIA FL Zip Code 34216	
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>Barbara Baker</i> BARBARA BAKER 2/22/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BAKER, BARBARA 7802 PALM DRIVE HOLMES BEACH, FL 34217	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BAKER, BARBARA 510B SOUTH DRIVE, P.O. Box 918 ANNA MARIA FL 34216
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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>Barbara Baker</i> BARBARA BAKER 2/22/07 941-962-2538 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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