

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000093072

1. Entity Name
VICTORY LANE, L.L.C.



Principal Place of Business
10491 CORKSCREW COMMONS DRIVE
ESTERO, FL 33928

Mailing Address
10491 CORKSCREW COMMONS DRIVE
ESTERO, FL 33928

2007 DEC 28 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12182007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4601695

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PARKER, DAVE J
21727 HELMSDALE RUN
ESTERO, FL 33928

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

DAVID J. PARKER MGRM

(NOTE: Registered Agent signature required when reinstating)

DATE

12/18/07

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PARKER, DAVID J
10491 CORKSCREW COMMONS DRIVE
ESTERO, FL 33928 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
PARKER, JAMES B
17 RIDGE DR
NAPLES, FL 34108 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
500113558105
01/02/08--01039--006 **50.00

☐ Change ☐ Addition

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

12/18/07

239.221.4653