

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90031 003 ****50.00

DOCUMENT # L95000000660

1. Entity Name

VECTOR INVESTMENT OF MANATEE, L.C.



Principal Place of Business

526 CENTRAL AVE., STE. 200
ST. PETERSBURG FL 33701

Mailing Address

526 CENTRAL AVE., STE. 200
ST. PETERSBURG FL 33701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3333058**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

HERETICK, KENNETH W
526 CENTRAL AVENUE, SUITE 200
ST. PETERSBURG FL 33701

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MEM PARKER, JEFFREY J	1240 DARLINGTON OAK CIRCLE NE	ST. PETERSBURG FL	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
MEM HELLINGER, RON	19 PARADISE LN.	TREASURE ISLAND FL 33706	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
MEM BURSIK, PETER D	526 CENTRAL AVE., STE. 200	ST. PETERSBURG FL 33701	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
MEM HERETICK, KENNETH W	526 CENTRAL AVE., STE. 200	ST. PETERSBURG FL 33701	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

2/24/03

727-823-1230

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

Date

Daytime Phone #

CR2E083 (10/02)