


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000007340</b> 1. Entity Name DEAN VEGOSEN, P.L.	
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Principal Place of Business 515 N. FLAGLER DR. 18TH FLOOR WEST PALM BEACH, FL 33401	Mailing Address 515 N. FLAGLER DR. 18TH FLOOR WEST PALM BEACH, FL 33401
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**DO NOT WRITE IN THIS SPACE**



01042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0960582	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  VEGOSEN, DEAN 515 N. FLAGLER DR. 18TH FLOOR WEST PALM BEACH, FL 33401
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**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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VEGOSEN, DEAN 515 N. FLAGLER DR. 18TH FLOOR WEST PALM BEACH, FL 33401
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000000261937  
03/14/05-80031-017 \$0.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** *Dean Vegosen* **3/10/05** **561-833-0959**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #