2007 LIMITED LIXBILITY COMPANY

FILED e

ANNUAL REPORT				Jan 12, 2007 08:00	
1. Entity Nam	MENT # M04000003 VINCI ESTATES, LLC	513		Secr	etary of Stat
Principal Place 7001 BRUSH WESTBURY, N	I HOLLOW ROAD	Mailing Address 7001 BRUSH HOLLOW ROAD WESTBURY, NY 11590			
DO NOT WRITE IN THIS SPA			CE		CR2E083 (11/05) Applied For Not Applicable
	6. Name and Address of Current R	Registered Agent			
INCORPORATING SERVICES, LTD 1540 GLENWAY DRIVE TALLAHASSEE, FL 32301			DO NOT WRITE IN THIS SPACE		
the obligati	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent at thing Fee is \$50.00 ue by May 1, 2007		ed office or register	ed agent, or both, in the State of Florida.	I am familiar with, and accept
		 			
TITLE NAME STREET ADDRESS CITY -ST-ZIP IITLE NAME STREET ADDRESS CITY -ST-ZIP	MANAGING MEMBER MGRM KALIKOW, EDWARD 7001 BRUSH HOLLOW ROAD WESTBURY, NY 11590 MGRM SHALIK, EUGENE 7001 BRUSH HOLLOW ROAD WESTBURY, NY 11590	HS/MANAGERS		000000584 01/12/07-800	1969 057-022 50.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WR IN THIS SPA	
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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.

-7 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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