FILED
Apr 13, 2006 8:00 am
Secretary of State
04-03-2006 90066 047 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000030083

1. Entity Name
VINTAGE IRONWORKS, L.L.C.

J0004988

Principal Place of Business	Mailing Address
987 JOSIANE COURT, SUITE 1064 ALTOMONTE SPRINGS, FL 32701 US	987 JOSIANE COURT, SUITE 1064 ALTOMONTE SPRINGS, FL 32701 US

03212006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Altamonte Springs FL	City & State: Altamonte Springs FL
Zip / Country	Zip / Country

4. FEI Number: 20-258-7729 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEGAL ZOOM NEVADA, INC. 44 W. FLAGLER ST., SUITE 675 MIAMI, FL 33130	Name: Shawn Walters Street Address (P.O. Box Number is Not Acceptable): 1374 Century Oak Dr. City: Ocoee, FL FL Zip Code: 34761

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: Shawn Walters 3-29-06
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALTERS, WILLIAM J III 987 JOSIANE COURT, SUITE 1064 ALTOMONTE SPRINGS, FL 32701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Altamonte Springs FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALTERS, SHAWN E 987 JOSIANE COURT, SUITE 1064 ALTOMONTE SPRINGS, FL 32701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Altamonte Springs FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: X Shawn Walters X 3-29-06 X 407-339-2555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #