


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90041 019 \*\*\*138.75

**DOCUMENT # L05000115496**

1. Entity Name  
**VANTAGE POINT PROPERTIES, L.L.C.**



Principal Place of Business  
**1120 EAST WISCONSIN AVENUE**  
**ORANGE CITY, FL 32763 US**

Mailing Address  
**1120 EAST WISCONSIN AVENUE**  
**ORANGE CITY, FL 32763 US**

2. Principal Place of Business - No P.O. Box #  
**168 EAST CORY DRIVE**

3. Mailing Address  
**168 EAST CORY DRIVE**

Suite, Apt. #, etc.

City & State  
**EDGEWATER, FL**

City & State  
**EDGEWATER, FL**

Zip  
**32141** Country **US**

Zip  
**32141** Country **US**

**00037804**



04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-3916737**

Applied For  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CUTRONA, JERRY M**  
**1120 EAST WISCONSIN AVENUE**  
**ORANGE CITY, FL 32763**

7. Name and Address of New Registered Agent

Name  
**CUTRONA, JERRY M**

Street Address (P.O. Box Number is Not Acceptable)  
**168 EAST CORY DRIVE**

City  
**EDGEWATER** FL Zip Code  
**32141**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUTRONA, JERRY M 1120 EAST WISCONSIN AVE ORANGE CITY, FL 32763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUTRONA, MELINDA 1120 EAST WISCONSIN AVE ORANGE CITY, FL 32763	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUTRONA, JERRY M 168 EAST CORY DRIVE EDGEWATER, FL 32141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **JERRY M CUTRONA** **4.30.2008** **386.801.9940**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #