

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000037468

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: VANTAGEPOINTE CALLAWAY, LLC

**Current Principal Place of Business:**

3730 TABS DRIVE  
SUITE 4  
UNIONTOWN, OH 44685

**New Principal Place of Business:**

6459 MANCHESTER ROAD  
CLINTON, OH 44216

**Current Mailing Address:**

3730 TABS DRIVE  
SUITE 4  
UNIONTOWN, OH 44685

**New Mailing Address:**

6459 MANCHESTER ROAD  
CLINTON, OH 44216

FEI Number: 26-2404510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RUNNELS, DAVAGE J III  
4399 COMMONS DRIVE EAST  
SUITE 300  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TUCKER, ROBERT  
Address: 344 W. TURKEYFOOT LAKE ROAD  
City-St-Zip: AKRON, OH 44319

Title: MGR (X) Delete  
Name: HARVEY, TIM  
Address: 344 W. TURKEYFOOT LAKE ROAD  
City-St-Zip: AKRON, OH 44319

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WILKINSON, RON G  
Address: 3151 SOUTHVIEW AVENUE  
City-St-Zip: MONTGOMERY, AL 36106

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RON G. WILKINSON

MGR

01/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date