


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000002091

1. Entity Name
 VANTAGE POINT, LLC



Principal Place of Business
 1655 IXORA AVE.
 NAPLES, FL 34102-5133

Mailing Address
 225 S. HURSTBOURNE PKWY
 SUITE 103
 LOUISVILLE, KY 40222

DO NOT WRITE IN THIS SPACE



01252005No Chg-LLC CR2E083 (10/03)

4. FEI Number
 35-2071956

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BLACKETER, ALLEN
 1655 IXORA AVE.
 NAPLES, FL 34102-5133

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00 Due by May 1, 2005

U00000314599
 04/18/05-80172-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLACKETER, ALLEN 1655 IXORA AVE. NAPLES, FL 341025133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLACKETER, ASHLEY 225 S.HURSTBOURNE PKWY STE. 103 LOUISVILLE, KY 40222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLACKETER, KEN 225 S.HURSTBOURNE PKWY STE. 103 LOUISVILLE, KY 40222
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Ashley M Blacketer 2/18/05 5024239300

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