

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002091

Entity Name: VANTAGE POINT, LLC

FILED  
Apr 09, 2007  
Secretary of State

**Current Principal Place of Business:**

1655 IXORA AVE.  
NAPLES, FL 341025133

**New Principal Place of Business:**

**Current Mailing Address:**

225 S. HURSTBOURNE PKWY  
SUITE 103  
LOUISVILLE, KY 40222

**New Mailing Address:**

FEI Number: 35-2071956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLACKETER, ALLEN  
1655 IXORA AVE.  
NAPLES, FL 341025133 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: BLACKETER, ALLEN  
Address: 1655 IXORA AVE.  
City-St-Zip: NAPLES, FL 341025133

Title: MGR ( ) Delete  
Name: BLACKETER, ASHLEY  
Address: 225 S.HURSTBOURNE PKWY STE. 103  
City-St-Zip: LOUISVILLE, KY 40222

Title: MGR ( ) Delete  
Name: BLACKETER, KEN  
Address: 225 S.HURSTBOURNE PKWY STE. 103  
City-St-Zip: LOUISVILLE, KY 40222

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ALLEN BLACKETER

MANA

04/09/2007

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