

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095474

FILED
Aug 14, 2008
Secretary of State

Entity Name: VINTAGE ULTRA LOUNGE, LLC

Current Principal Place of Business:

16 - 2ND STREET NORTH
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

16 - 2ND STREET NORTH
ST. PETERSBURG, FL 33701 US

New Mailing Address:

PO BOX 622
ST. PETERSBURG, FL 33731 US

FEI Number: 26-1110074 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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: CATHERELL, JEFF
Address: 1808 IVAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MGR () Delete
Name: GUTTRIDGE, JAMES
Address: 2233 RIVERWOOD COURT
City-St-Zip: SARASOTA, FL 34231 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CATHERELL, JEFF
Address: 201 6TH STREET SOUTH, UNIT 204
City-St-Zip: ST PETERSBURG, FL 33701 US

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: JEFF CATHERELL

MGR

08/14/2008

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