

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L01000005264

1. Entity Name
VANTAGE PROPERTIES, LLC.



FILED

2004 MAY 18 A 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
124 SOUTH FLORIDA AVENUE
LAKELAND, FL 33801

Mailing Address
PO BOX 7595
LAKELAND, FL 33807 US

2. Principal Place of Business
5900 Imperial Lakes Blvd.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03242004 Chg-LLC CR2E083 (10/03)

City & State
Mulberry Florida
Zip 33860-8670 Country Polk

City & State
Zip Country

4. FEI Number
59-3710779
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PHILPOT, BRIAN G
5900 IMPERIAL LAKES BLVD.
MULBERRY, FL 33860

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME PHILPOT, BRIAN G
STREET ADDRESS 124 S. FLORIDA AVE
CITY-ST-ZIP LAKELAND, FL 33801 ☐ Delete

TITLE MGR
NAME ROBERT F. HARPER IV
STREET ADDRESS 5900 IMPERIAL LAKES BLVD
CITY-ST-ZIP MULBERRY FL 33860-8670 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 5900 Imperial Lakes Blvd.
CITY-ST-ZIP Mulberry, FL 33860-8670 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 700037302267
05/25/04 01068 003 ***50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/16/04 863 607-9500

Date Daytime Phone #