2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 10, 2004 8:00 am
Secretary of State
07-26-2004 90136 020 ****50.00

DOCUMENT # L03000022006

1. Entity Name

VANTAGE HOMES, LLC

Principal Place of Business	Mailing Address
2019 BEACH AVENUE ATLANTIC BEACH FL 32233	2019 BEACH AVENUE ATLANTIC BEACH FL 32233

MOORE CR2E083 (4/04)

2. Principal Place of Business	3. Mailing Address
2030 So. 3rd St.	2030 So. 3rd St.
Suite, Apt. #, etc.: Ste. 164	Suite, Apt. #, etc.: Ste 164
City & State: Jacksonville Bch	City & State: Jacksonville Bch.
Zip: 32250 Country: USA	Zip: 32250 Country: USA

4. FEI Number: 55-6157380 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAX CO. 50 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE FL 32202	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: Michele R. Curran VOID MRC DATE: 7/16/04 VOID MRC

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Mgr Michele R. Curran c/o Rax Co. 50 No. Laura St., Ste. 3300 JAX, FL 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition MGRM Michael J. Curran c/o Rax Co. 50 No. Laura St., Ste. 3300 JAX, FL 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition MGRM Robert L. McClure, III c/o Rax Co. 50 No. Laura St., Ste 3300 JAX FL 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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: Michele R. Curran 7/16/04 (904) 246-9946

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