

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022006

Entity Name: VANTAGE HOMES, LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

3948 3RD ST. SOUTH
SUITE 332
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

3948 3RD ST. SOUTH
SUITE 332
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 55-6157380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAX CO.
50 NORTH LAURA STREET, SUITE 3300
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: CURRAN, MICHELE R
Address: C/O RAX CO, 50 NO LAURE ST., STE 3300
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGRM () Delete
Name: CURRAN, MICHAEL J
Address: C/O RAX CO., 50 NO LAURE ST., STE 3300
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGRM () Delete
Name: MCCLURE, III, ROBERT C
Address: C/O RAX CO, 50 NO LAURE ST., STE 3300
City-St-Zip: JACKSONVILLE, FL 32202

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 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: MICHAEL CURRAN

MEMB

04/27/2009

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