

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000035896

1. Entity Name
VANTINE HOLDING COMPANY, LLC



Principal Place of Business
427 E. CENTRAL AVE
WINTER HAVEN, FL 33880

Mailing Address
427 E. CENTRAL AVE
WINTER HAVEN, FL 33880

DO NOT WRITE IN THIS SPACE

60003318



01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 56-2397715	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHELGREN, JOHN D M.D.
427 E. CENTRAL AVE
WINTER HAVEN, FL 33880

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SHELGRED, JOHN D MD
STREET ADDRESS	2509 PARTRIDGE DR
CITY-ST-ZIP	WINTER HAVEN, FL 33884

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SHELGREN

01-11-08

8632935100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #