


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000007989
 1. Entity Name
 VINTAGE HOLIDAYS L.L.C.



Principal Place of Business Mailing Address
 2212 PAGET CIRCLE 2212 PAGET CIRCLE
 NAPLES, FL 34112 NAPLES, FL 34112

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01122006 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
 20-0659376 Not Applicable

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

6. Name and Address of Current Registered Agent
 PEZZINO, JOHN
 801 12TH AVE S, STE 302
 NAPLES, FL 34102

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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 *John Pezzino* JOHN PEZZINO 4/15/06
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MONTGOMERY, JANET H
STREET ADDRESS	2212 PAGET CIRCLE
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/22/06-80011-006 50.00

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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: *John Pezzino* JOHN PEZZINO 4/15/06 2394302237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #