

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90111 022 ***138.75

DOCUMENT # L04000007989

1. Entity Name
VINTAGE HOLIDAYS L.L.C.



Principal Place of Business
**2212 PAGET CIRCLE
 NAPLES, FL 34112**

Mailing Address
**2212 PAGET CIRCLE
 NAPLES, FL 34112**

2. Principal Place of Business - No P.O. Box #
5651 NAPLES BLVD

3. Mailing Address
**12870 TRADE WAY FOUR
 Suite, Apt. #, etc.
 # 108 / PMB 315**

City & State
NAPLES, FL

City & State
BONITA SPRINGS, FL


Zip
34109

Country
USA

Zip
34135

Country
USA

50003429



02152008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

**PEZZINO, JOHN
 801 12TH AVE S, STE 302
 NAPLES, FL 34102**

4. FEI Number
20-0659376

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

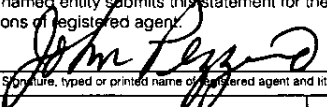
Name
JOHN PEZZINO

Street Address (P.O. Box Number is Not Acceptable)
5651 NAPLES BLVD

City
NAPLES, FL

Zip Code
34109

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 R.A/ACCT.** DATE **3/11/08**

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

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

Make check payable to Florida Department of State

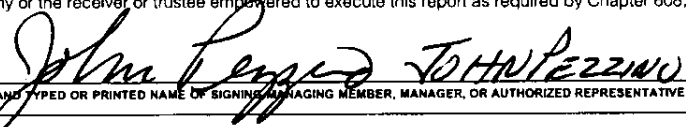
9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	MGRM	MONTGOMERY, JANET H	2212 PAGET CIRCLE NAPLES, FL 34112	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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** Date **4/14/08** Daytime Phone # **239 591 3246**

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