

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007989

**FILED**  
**Apr 03, 2009**  
**Secretary of State**

**Entity Name:** VINTAGE HOLIDAYS L.L.C.

**Current Principal Place of Business:**

5651 NAPLES BLVD  
NAPLES, FL 34109

**New Principal Place of Business:**

12870 TRADE WAY FOUR #108  
PMB 315  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

12870 TRADE WAY FOUR  
#108/PMB 315  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

12870 TRADE WAY FOUR #108  
PMB 315  
BONITA SPRINGS, FL 34135

**FEI Number:** 20-0659376

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

PEZZINO, JOHN  
5651 NAPLES BLVD  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

PEZZINO, JOHN  
12870 TRADE WAY FOUR #108  
BONITA SPRINGS, FL 34135 US

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: \_\_\_\_\_

04/03/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MONTGOMERY, JANET H  
Address: 2212 PAGET CIRCLE  
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES:**

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: JOHN PEZZINO

R. A

04/03/2009

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