

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 25, 2007 8:00 am
Secretary of State

06-25-2007 90115 009 ****50.00

DOCUMENT # L04000015823

1. Entity Name
VANGUARD CAPITAL, LLC



Principal Place of Business
**2295 SOUTH HIAWASSEE RD
SUITE 414
ORLANDO, FL 32835**

Mailing Address
**2295 SOUTH HIAWASSEE RD
SUITE 414
ORLANDO, FL 32835**

DO NOT WRITE IN THIS SPACE



06192007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0814544

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BYRD, JAMES S SR.
5422 CARRIER DR.
SUITE 308
ORLANDO, FL., FL 32819**

**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

6/20/07

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BYRD, JIM
5422 CARRIER DR., STE. 309
ORLANDO, FL 32819**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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:

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

JAMES S. BYRD SR. 6/20/07

Date

Daytime Phone #

**407
872-7200**