


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

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| DOCUMENT # L04000049539 1. Entity Name VINTAGE PHARMACY LLC |  |
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| Principal Place of Business 906 AVENIDA CENTRAL THE VILLAGES, FL 32159 | Mailing Address P.O. BOX 67 LADY LAKE, FL 32158 |
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DO NOT WRITE IN THIS SPACE



01082007No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 20-1402579 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**HARRISON, PATTI M
906 AVENIDA CENTRAL
LADY LAKE, FL 32159**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000587409
01/17/07-80031-022 50.00

9. MANAGING MEMBERS/MANAGERS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HARRISON, PATTI M 906 AVENIDA CENTRAL THE VILLAGES, FL 32159 |
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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:  **1-9-2007 352-751-6895**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #