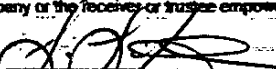


FILED
Apr 04, 2005 8:00 am
Secretary of State

20026167

DOCUMENT # L04000062852		Secretary of State 04-04-2005 90419 034 ****50.00	
1. Entity Name VINTAGE BUILDERS LLC			
Principal Place of Business 226 S. WATERWAY DR. NW PORT CHARLOTTE, FL 33952		Mailing Address 226 S. WATERWAY DR. NW PORT CHARLOTTE, FL 33952	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 01-0820099		Applied For Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Payment \$5.00	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FIFE, JAMES L 226 S. WATERWAY DR. NW PORT CHARLOTTE, FL 33952		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. I heretofore have submitted 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 retreating)			
Filing Fee is \$50.00 Due by May 1, 2005		State check payable to FLORIDA DEPARTMENT OF STATE	
8. DELETION/REVISIONS/MANAGEMENT		9. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER FIFE, JAMES L 226 S. WATERWAY DR. NW PORT CHARLOTTE, FL 33952 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information submitted in this report is true and correct 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 688, Florida Statutes.			
SIGNATURE: 		3/29/05 941-235-1002	