2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 27, 2006 8:00 am
Secretary of State
07-27-2006 90079 038 ****50.00

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1. Entity Name
VINTAGE BUILDERS LLC

Principal Place of Business	Mailing Address
226 S. WATERWAY DR. NW PORT CHARLOTTE, FL 33952	226 S. WATERWAY DR. NW PORT CHARLOTTE, FL 33952

07252006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
23077 Central Ave	23077 Central Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte, Florida	City & State: Port Charlotte, Florida
Zip: 33980 Country: USA.	Zip: 33980 Country: U.S.A.

4. FEI Number: 01-0820099 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FIFE, JAMES L
226 S. WATERWAY DR. NW
PORT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent

Name: Fife, James L.
Street Address (P.O. Box Number is Not Acceptable): 23077 Central Ave.
City: Port Charlotte FL Zip Code: 33980

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

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIFE, JAMES L 226 S. WATERWAY DR. NW PORT CHARLOTTE, FL 33952	■ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner/mngr Fife : James L 23077 Central Ave. Port Charlotte 33980	■ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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] J.L. FIFE 7-24-06 941-235-1002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #