


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90020 028 \*\*\*138.75

<b>DOCUMENT # L04000062852</b> 1. Entity Name <b>VINTAGE BUILDERS LLC</b>					
Principal Place of Business <b>23077 CENTRAL AVE PORT CHARLOTTE, FL 33980</b>			Mailing Address <b>P.O. B 510636 PUNTA GORDA, FL 33951</b>		
2. Principal Place of Business - No P.O. Box # <b>1259 SLASH PINE CIR.</b>		3. Mailing Address Suite, Apt. #, etc. <b>UNIT # 123</b>			
City & State <b>PUNTA GORDA FL</b>		City & State City: <b>PUNTA GORDA</b> State: <b>FL</b>		4. FEI Number <b>01-0820099</b>	
Zip <b>33950</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FIFE, JAMES L 33077 CENTRAL AVE PORT CHARLOTTE, FL 33980</b>			7. Name and Address of New Registered Agent Name <b>FIFE, JAMES L</b> Street Address (P.O. Box Number is Not Acceptable) <b>1259 SLASH PINE CIR #123</b> City <b>PUNTA GORDA</b> State <b>FL</b> Zip Code <b>33950</b>		
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 <u><b>JAMES L FIFE MGR</b></u> DATE <u><b>1-07-08</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FIFE, JAMES L 23077 CENTRAL AVE PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FIFE, JAMES L 1259 SLASH PINE CIR #123 PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><b>JAMES L FIFE MGR</b></u> DATE <u><b>1-07-08</b></u> DAYTIME PHONE # <u><b>941-979-2604</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					