

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062852

Entity Name: VINTAGE BUILDERS LLC

FILED  
May 26, 2009  
Secretary of State

## Current Principal Place of Business:

1259 SPLASH PINE CIR UNIT 123  
PUNTA GORDA, FL 33950

## New Principal Place of Business:

405 BOLENDER STREET  
PUNTA GORDA, FL 33982

## Current Mailing Address:

P.O. B 510636  
PUNTA GORDA, FL 33951

## New Mailing Address:

405 BOLENDER STREET  
PUNTA GORDA, FL 33982

FEI Number: 01-0820099      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

FIFE, JAMES L  
1259 SPLASH PINE CIR UNIT 123  
PORT CHARLOTTE, FL 33980      US

## Name and Address of New Registered Agent:

FIFE, JAMES L  
405 BOLENDER STREET  
PUNTA GORDA, FL 33982      US

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.

SIGNATURE: JAMES L FIFE

05/26/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: FIFE, JAMES L  
Address: 1259 SPLASH PINE CIR UNIT 123  
City-St-Zip: PUNTA GORDA, FL 33950

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: FIFE, JAMES L  
Address: 405 BOLENDER STREET  
City-St-Zip: PUNTA GORDA, FL 33982

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES L FIFE

MGR

05/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date