

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065776

FILED
Mar 16, 2006
Secretary of State

Entity Name: VANGUARD ADVANTAGE LLC

Current Principal Place of Business:

5834 CARRIAGE DR
SARASOTA, FL 34243

New Principal Place of Business:

PO BOX 1449
HERNANDO, FL 34442 US

Current Mailing Address:

5834 CARRIAGE DR
SARASOTA, FL 34243

New Mailing Address:

PO BOX 1449
HERNANDO, FL 34442 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PRISELAC, LORI
Address: 5834 CARRIAGE DR
City-St-Zip: SARASOTA, FL 34243

Title: MGRM () Delete
Name: SUTTON, BLAKE
Address: 2222 SOUTH BROOK DR
City-St-Zip: ORANGE PARK, FL 32003

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PRISELAC, LORI
Address: PO BOX 1449
City-St-Zip: HERNANDO, FL 34442

Title: MGRM (X) Change () Addition
Name: PRISELAC, LORI
Address: PO BOX 1449
City-St-Zip: HERNANDO, FL 34442

Title: MGRM () Change (X) Addition
Name: SUTTON, BLAKE
Address: PO BOX 8659
City-St-Zip: FLEMMING ISLAND, FL 32006

Title: MGRM () Change (X) Addition
Name: SUTTON, BLAKE
Address: PO BOX 8659
City-St-Zip: FLEMMING ISLAND, FL 32006

Title: MGRM () Change (X) Addition
Name: SUTTON, LISA
Address: PO BOX 8659
City-St-Zip: FLEMMING ISLAND, FL 32006

Title: MGRM () Change (X) Addition
Name: SUTTON, LISA
Address: PO BOX 8659
City-St-Zip: FLEMMING ISLAND, FL 32006

I hereby certify that the information supplied with this filing does not qualify for the 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: LORI W PRISELAC

MGRM

03/16/2006

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