



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000024073 1. Entity Name VINTAGE TRACE ASSOCIATES LLC		
Principal Place of Business 9101 W COLLEGE POINTE DR SUITE 1 FORT MYERS, FL 33919	Mailing Address 9101 W COLLEGE POINTE DR SUITE 1 FORT MYERS, FL 33919	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KINSEY, JAMES E JR 1230 WESTFIELD DR FORT MYERS, FL 33919		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STARBOARD DEVELOPMENT PO BOX 1662 FORT MYERS, FL 33902	 01042008 No Chg-LLC CR2E083 (12/07) 4. FEI Number 20-2466715 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required U000000841411 03/10/08-80015-023 138.75 DO NOT WRITE IN THIS SPACE
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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: <u>James E Kinsey Jr</u> 2/25/08 239 9391367 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		