

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000044319

Entity Name: VANTAGE APTS, LLC

**FILED**  
**Jul 13, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1555 LOWER LAKE CT.  
CARDIFF, CA 92007

**New Principal Place of Business:**

**Current Mailing Address:**

1555 LOWER LAKE CT.  
CARDIFF, CA 92007

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

**Name and Address of New Registered Agent:**

MEDLEN, JERRY  
405 S. DALE MAYBRY HWY  
SUITE 309  
TAMPA, FL 33609 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: JERRY MEDLEN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: EYERLY, AARON  
Address: 1555 LOWER LAKE CT.  
City-St-Zip: CARDIFF, CA 92007

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: EYERLY, AARON  
Address: P.O. BOX 9311  
City-St-Zip: PHOENIX, AZ 85068

Title: MGRM ( ) Change (X) Addition  
Name: PHAM, NGOC  
Address: P.O. BOX 9311  
City-St-Zip: PHOENIX, AZ 85068 US

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: AARON EYERLY

MGRM

07/13/2007

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