

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000049852

1. Entity Name
VANGELO PARTNERS LLC



Principal Place of Business
26494 CLARKSTON DR.
BONITA SPRINGS, FL 34135

Mailing Address
26494 CLARKSTON DR.
BONITA SPRINGS, FL 34135



07162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1687166	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

THOMPSON, DIANE E
900 L'AMBIANCE CIR #202
NAPLES, FL 34108

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

000000769788
07/20/07-80004-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VAN SCOYK FAMILY TRUST
STREET ADDRESS	26494 CLARKSTON DR.
CITY-ST-ZIP	BONITA SPRINGS, FL 34135

TITLE	MGRM
NAME	D'ANGELO, AMY L
STREET ADDRESS	27861 TEMPLE TERRACE DR.
CITY-ST-ZIP	BONITA SPRINGS, FL 34135

TITLE	MGRM
NAME	D'ANGELO, MICHAEL
STREET ADDRESS	27861 TEMPLE TERRACE DR.
CITY-ST-ZIP	BONITA SPRINGS, FL 34135

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Dale H. Van Scoyk

DALE H. VAN SCOYK

MGRM
VAN SCOYK FAMILY TRUST

7/16/07 **414-406-1548**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #