


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90360 049 ****50.00

DOCUMENT # L05000062325	
1. Entity Name VINTAGE ESTATES AT THE BEAR'S CLUB, LLC	

Principal Place of Business 4205 WEST ATLANTIC AVENUE, STE. 201 DELRAY BEACH, FL 33445	Mailing Address 4205 WEST ATLANTIC AVENUE, STE. 201 DELRAY BEACH, FL 33445
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40075002



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04162007 Chg-LLC CR2E083 (12/06)

4. FEI Number
11-3763733

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE, 28TH FLOOR MIAMI, FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AZA XVI, INC. 4205 WEST ATLANTIC AVE SUITE 201 DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

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

Date

Daytime Phone #

Eugene Sattin

4/20/07

561-496-7899 x2

ATTACHMENT

40075002

#105000062325

EFFECTIVE APRIL 27, 2007

THE OFFICE OF
VINTAGE PROPERTIES
IS MOVING TO:

2400 HIGH RIDGE ROAD
SUITE 102
BOYNTON BEACH, FL 33426

OUR PHONE #'S WILL CHANGE,
BUT WE WILL NOT HAVE A FIRM
PHONE/FAX # UNTIL WE GET
CLOSER TO OUR MOVE.

PLEASE MAKE THE ADDRESS
CHANGE AS OF APRIL 27TH,
THANKS.

The computer would not allow
me to make any changes on line.

Please change our mailing
address on all our annual
reports ^{attached} for next year's mailing