


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90041 019 ***138.75

DOCUMENT # L05000115496	
1. Entity Name VANTAGE POINT PROPERTIES, L.L.C.	

Principal Place of Business 1120 EAST WISCONSIN AVENUE ORANGE CITY, FL 32763 US	Mailing Address 1120 EAST WISCONSIN AVENUE ORANGE CITY, FL 32763 US
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2. Principal Place of Business - No P.O. Box # 168 EAST CORY DRIVE	3. Mailing Address 168 EAST CORY DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State EDGEWATER, FL	City & State EDGEWATER, FL
Zip 32141	Country US

00037804



04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3916737	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CUTRONA, JERRY M 1120 EAST WISCONSIN AVENUE ORANGE CITY, FL 32763	
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7. Name and Address of New Registered Agent Name CUTRONA, JERRY M Street Address (P.O. Box Number is Not Acceptable) 168 EAST CORY DRIVE City EDGEWATER FL Zip Code 32141	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUTRONA, JERRY M 1120 EAST WISCONSIN AVE ORANGE CITY, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUTRONA, JERRY M 168 EAST CORY DRIVE EDGEWATER, FL 32141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUTRONA, MELINDA 1120 EAST WISCONSIN AVE ORANGE CITY, FL 32763 <input checked="" 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
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
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
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

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:  JERRY M CUTRONA	4.30.2008	386.801.9940
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>