

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000067842

1. Entity Name
VANGUARD HOMES, LLC



**FILED
Apr 28, 2008 8:00 am
Secretary of State**

04-28-2008 90030 017 ***138.75

Principal Place of Business
266 OSPREY POINT DRIVE
OSPREY, FL 34229

Mailing Address

266 OSPREY POINT DRIVE
OSPREY, FL 34229

2. Principal Place of Business - No P.O. Box #

4131 BOCA POINTE DR

Suite, Apt. #, etc.

3. Mailing Address

4131 BOCA Pointe Dr

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34238

Country

Zip

34238

Country

60029427



04112008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5259744

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PESHKIN, JOHN R
266 OSPREY POINT DRIVE
OSPREY, FL 34229

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME PESHKIN, JOHN R
STREET ADDRESS 266 OSPREY POINT DR
CITY-ST-ZIP OSPREY, FL 34229

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

JOHN R. PESHKIN

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

4/15/2008 (44)902-3907

Date Daytime Phone #