2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State
02-05-2007 90196 022 ****50.00

DOCUMENT # L06000086756

1. Entity Name
VANCE EQUITY MANAGEMENT, LLC

Principal Place of Business	Mailing Address
~~1525~~ INTERNATIONAL PARKWAY 3RD FLOOR, ~~OFFICE BLDG E, SUITE 3031~~ LAKE MARY ~~FL 32746~~ US	P.O. BOX 952409 LAKE MARY FL 32795 US

1st MOORE CR2E083 (10/06)

NEW

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
749 PRESERVE TER	P.O. BOX 952409
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE MARY, FL	City & State: LAKE MARY FL
Zip: 32746 Country: US	Zip: 32795 Country: US

4. FEI Number: 32-0180288 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VANCE, LAWRENCE T
749 PRESERVE TERRACE
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM VANCE, LAWRENCE T 749 PRESERVE TERRACE LAKE MARY FL 32746	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM VANCE, DEBORAH L 749 PRESERVE TERRACE LAKE MARY FL 32746	☐ 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
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TITLE NAME STREET ADDRESS 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 Section 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: Lawrence T Vance 3/9/07 1/29/07 407-942-0012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #