

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125210

Entity Name: VINTAGE 2335, LLC

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

2985 CENTER PORT CIRCLE
SUITE 1
POMPANO BEACH, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

2985 CENTER PORT CIRCLE
SUITE 1
POMPANO BEACH, FL 33064 US

New Mailing Address:

FEI Number: 26-1585993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAINES, ANDREW
2985 CENTER PORT CIRCLE
SUITE 1
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GAINES, ANDREW
Address: 2985 CENTER PORT CIRCLE SUITE 1
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: MGRM () Delete
Name: FITZGIBBON, ROBERT
Address: 2985 CENTER PORT CIRCLE SUITE 1
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGRM () Delete
Name: GAINES, PATRICK
Address: 3837 BOCA RATON BLVD. NW
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANDREW GAINES

MGR

01/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date