

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000079481

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** WHS VINE PLACE I MANAGERS, L.L.C.

**Current Principal Place of Business:**

541 SOUTH ORLANDO AVENUE, STE 300  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

541 SOUTH ORLANDO AVENUE, STE 300  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEWART, J. DARIN  
301 EAST PINE STREET, STE 1400  
ORLANDO, FL 32801 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: MGRM  
Name: WORKFORCE HOUSING SERVICES, INC.  
Address: 541 S ORLANDO AVE SUITE 300  
City-St-Zip: MAITLAND, FL 32751 US

I hereby 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: STEVE SHERIDAN, PRES. WORKFORCEHSINGSVCSINC. MGRM 04/21/2010

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