2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003386

Entity Name: VINCENTE HOLDINGS LLC

FILED Feb 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1869 LAKE MARKHAM PRESERVE TR. 1869 LAKE MARKHAM PRESERVE TRAIL SANFORD, FL 32771

SANFORD, FL 32771

Current Mailing Address: New Mailing Address:

1869 LAKE MARKHAM PRESERVE TR. 1869 LAKE MARKHAM PRESERVE TRAIL

SANFORD, FL 32771 SANFORD, FL 32771 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

BUSINESS FILINGS INCORPORATED 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 US

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:

ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition OSTLIE, DAVID Name:

OSTLIE, DAVID Name:

1869 LAKE MARKHAM PRESERVE TR. Address: 1869 LAKE MARKHAM PRESERVE TRAIL Address: SANFORD, FL 32771 SANFORD, FL 32771

City-St-Zip: City-St-Zip:

Title: MGRM () Delete Title: (X) Change () Addition DOLLAR, JENNIFER Name: OSTLIE, DAVID Name:

Address: 1869 LAKE MARKHAM PRESERVE TR. Address: 1869 LAKE MARKHAM PRESERVE TRAIL

City-St-Zip: SANFORD, FL 32771 City-St-Zip: SANFORD, FL 32771

Title: MGRM () Delete Title:

(X) Change () Addition OSTLIE, JEFFREY DOLLAR, JENNIFER Name: Name:

1869 LAKE MARKHAM PRESERVE TR. 1869 LAKE MARKHAM PRESERV TRAIL Address: Address:

City-St-Zip: SANFORD, FL 32771 City-St-Zip: SANFORD, FL 32771

Title: () Delete Title: () Change (X) Addition

Name: Name: OSTLIE, JEFFREY

1869 LAKE MARKHAM PRESERVE TRAIL Address: Address:

City-St-Zip: City-St-Zip: SANFORD, FL 32771

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: DAVID A OSTLIE **MGRM** 02/04/2009