

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A08677**

1. Entity Name

VILLA DE MODE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 25 PM 1:33



Principal Place of Business **HHS, INC** Mailing Address **HHS, INC**
C/O STARR PROPERTY MANAGEMENT, INC. C/O STARR PROPERTY MANAGEMENT, INC.
1826 14TH STREET, SUITE 100 1826 14TH STREET, SUITE 100
SANTA MONICA CA 90404 SANTA MONICA CA 90404-4620

2. Principal Place of Business **1385 Church St** 3. Mailing Address **1826-14th**
Suite, Apt. #, etc. Suite, Apt. #, etc.
100

City & State **LAKE CITY FL** City & State **Santa Monica Ca**
Zip **32055** Country **USA** Zip **90404** Country **USA**

4. FEI Number **95-3459033** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARKARDT, DOTTIE
1385 S. CHURCH STREET
APT. A-1
LAKE CITY FL 32055

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$45,715.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

~~A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.~~
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	STARR, HAROLD H.		
STREET ADDRESS	1826 14TH ST. STE. 100	CITY - ST - ZIP	200003306832--9
CITY - ST - ZIP	SANTA MONICA CA		-06/27/00--01079--011
DOCUMENT #	NAME	STREET ADDRESS	*****88.75 *****88.75
		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	200003306832--9
		CITY - ST - ZIP	-06/27/00--01079--011
STREET ADDRESS			****322.00 ****322.00
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** **3/28/00** **310-452-5454**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #