

2001 UNIFORM BUSINESS REPORT (UBR)

0018780 AF

DOCUMENT # A08677

1. Entity Name
VILLA DE MODE, LTD.

Principal Place of Business
**C/O HHS. INC.
1385 CHURCH ST. A-1
LAKE CITY FL 32055**

Mailing Address
**1826 - 14TH. SUITE 100
SANTA MONICA CA 90404**

FILED
01 FEB 14 AM 10:40
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
95-3459033

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 **STARR, HAROLD H.**
STREET ADDRESS **1826 14TH ST. STE. 100**
CITY-ST-ZIP **SANTA MONICA CA**

STREET ADDRESS
CITY-ST-ZIP
**600003757666--1
-02/23/01--01025--016
*****88.75 *****88.75**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
**600003757666--1
-02/23/01--01025--017
****322.00 ****322.00**

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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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/20/01 **310-452-5454**
Date Daytime Phone #

CR2E003 (11/00)