2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000007840														
DOCUMENT # L0000007840 1. Entity Name VANGUARD PARTNERS, LLC								FILED						
									OF EED TO	5 h a 1 h				
Principal Place of Business Mailing Address									01 FEB 12	AM II:	43			
1706 E. SEMO	ran BLVD.		% ROBSON DANIELS. INC.					SECRETAR	(OF S)	ATE				
SUITE 110 APOPKA FL 3	2703		P.O. BOX 1087 Maitland FL 32794				SECRETARY OF STATE TALLAHASSEE, FLORIDA							
								·						
2. Principal P	lace of Busin	3. Mailing Ad	3. Mailing Address				l	(BOLIBIL 91) BOLIL BOLIL SOLÍF 69	III 001\$1 00\$11 01	!!!!				
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE							
City & State	e	City & State	City & State							oplied For ot Applicable	7			
Zip	Country		Zip	Zip		Country			icate of Status Desired	п :	\$5.00 Add	fitional		
and the second s	6. Name	and Address of Curr	ent Registered Age	nt		Name***		_7Name	and Address of New F				=	
CORPORATION SERVICE COMPANY											· •	<u> </u>	_	
1201 HAYS STREET							ldress (P	O. Box N	umber is Not Acceptable	·) 				
TALLAHASSEE FL 32301-2525									-					
							City				FL Zip Code			
8. The above	named entity	y submits this statemer	t for the purpose of	changing its re	egistere	d office or i	registere	d agent, o	or both, in the State of Flo	orida.			1	
SIGNATURE														
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered							e required v	vhen reinstatir	JG)	OATE			$\frac{1}{2}$	
			68-1	FILE NO		-		01-1-						
				Check Pay	able K	Departin	nent of	State				ζ.	_[
9.		MANAGING ME	MBERS/MEMBERS	1 p	10.		A- A-	VA 46	ADDITIONS	CHANGES	☐ Change	Addition	1	
NAME			<u> </u>	Delete	NAME		Ron	MAD 3	E HILL DA.		∟ Change	According	744.0	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS ST+ZIP	127	STON	FL 32751				000	
TITLE				Delete	TITLE		/NA	TUAND	PC 36731		☐ Change	☐ Addition	- 20	
NAME					NAME				800003	3719		7	١	
STREET ADDRESS CITY-ST-ZIP		•				T ADDRESS ST-ZIP			-02/1	9/010)1132			
TITLE		-		Delete .	TITLE				***	*50.00	★★★★ ☐ Change	50.00 Addition	} .	
NAME		*	- -		NAME		i			• •	— : <u>.</u> ., . .			
STREET ADDRESS CITY-ST-ZIP						ST-ZIP			•					
TITLE				Delete	TITLE			·			☐ Change	☐ Addition	1	
NAME					NAME						-			
STREET ADDRESS CITY+ST+ZIP						T ADDRESS ST-ZIP	1		•					
TITLE				Delete	TITLE			$\overline{\ \ }$			☐ Change	☐ Addition	†	
NAME					NAME	ŀ		•					1	
STREET ADDRESS CITY-ST-ZIP	•					T ADORESS ST-ZIP								
TITLE '	-			Delete	TITLE				1/		☐ Change	☐ Addition	1	
NAME .			1		NAME				W					
STREET ADDRESS City-St-Zip						T ADDRESS ST-ZIP		,						
indicated	11. 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 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.													
0101:		es Ol ka A		石万元	الجارة	1			1/10/	1607 -	862 - 7	1/1/		
SIGNAT		AND TYPED OR PROTED NAM	E OF SIGNING MANAGING	MEMBER, MANA	ク・フ GER, OR	WTHORIZED R	EPRESEN	TATIVE	///2/ 01 Date		ytime Phone #			