

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-01-2002 91553 040 ****50.00

DOCUMENT # L01000022118
1. Entity Name
VWS MANAGEMENT ENTERPRISES, LLC

DO NOT WRITE IN THIS SPACE

32173

2. Principal Place of Business
6900 S.E. Golfhouse Drive
Suite, Apt. #, etc.

3. Mailing Address
6900 S.E. Golfhouse Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hobe Sound, FL

City & State
Hobe Sound, FL

4. FEI Number
75-3034564

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

Zip 33455 Country USA Zip 33455 Country USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Brant, Abraham, Reiter & McCormick, P.A.

Street Address (P.O. Box Number is Not Acceptable)
~~50-N. Laura Street, Suite 2750~~

City Jacksonville FL Zip Code 32202

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 Vincent W. Shiel *president* DATE 5/15/02
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vincent W. Shiel Revocable Trust Dated January 18, 1989 Vincent W. Shiel, Trustee 6900 S.E. Golfhouse Drive Hobe Sound, FL 33455	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>president & sole member</i>
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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.

SIGNATURE: Vincent W. Shiel *TSK* DATE 4/12/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/01)