

2001 UNIFORM BUSINESS REPORT (UBR)

000819 AF

DOCUMENT # A00000001400

1. Entity Name
VACLAN, LTD.

Reason

Principal Place of Business
**1350 EAST NEWPORT CENTER DRIVE, SUITE 206
DEERFIELD BEACH FL 33442**

Mailing Address
**1350 EAST NEWPORT CENTER DRIVE, SUITE 206
DEERFIELD BEACH FL 33442**

FILED

01 MAY 11 PM 12:25



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**AKERMAN, SENTERFIT & EIDSON, P.A.
% JAMES R. KAY, SHAREHOLDER
777 SOUTH FLAGLER DRIVE, SUITE 900 EAST
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent
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. **\$500,940.00**

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	
DOCUMENT #	A00000001399
NAME	FLATAUR VL, LTD.
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE, SUITE 206
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	500004420515--6
STREET ADDRESS	06/14/01 01101 003
CITY-ST-ZIP	***535.00 ***535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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]* **JADA G. KASSOFF**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **4/25/01** Daytime Phone #: **954-488-4388**

CR2E003 (11/00)