

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0003728  
AV

**DOCUMENT # A00000001400**

1. Entity Name  
**VACLAN, LTD.**

02 MAY 22 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address

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



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**DUE BY MAY 1, 2002**

4. FEI Number **65-1040274**      Applied For  
Not Applicable

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

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  
**KAY, JAMES R.**

Street Address (P.O. Box Number is Not Acceptable)  
**KAY LAW OFFICES**

**11505 FAIRCHILD GARDENS AVE., SUITE 203**

City **PALM BEACH GARDENS**      FL      Zip Code **33410**

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 *James R. Kay* **President**      DATE **5/21/02**

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	<b>300005677243-4</b>
	<b>-06/04/02--01041--012</b>
	<b>***535.00 ***535.00</b>
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: *James R. Kay* **KASSOF**      Date **4/29/02**      Daytime Phone # **954-428-4584**

CR2E003 (9/01)