

2002 UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT

DOCUMENT # A01000001258

1. Entity Name
VDC/GP - LAUREN COVE, LLLP

Principal Place of Business: **3020 HARTLEY ROAD, SUITE 300 JACKSONVILLE FL 32257**

Mailing Address: **3020 HARTLEY ROAD, SUITE 300 JACKSONVILLE FL 32257**

FILED
02 FEB -4 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

DUE BY MAY 1, 2002

4. FEI Number: **59-3744783** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
**FRICK, STEPHEN A
3020 HARTLEY ROAD, SUITE 300
JACKSONVILLE FL 32257**

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: *Stephen A. Frick* DATE: 1-24-02

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$99.90**

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 #	VDC - LAUREN COVE LLC <i>20100005881</i>	STREET ADDRESS	
NAME	3020 HARTLEY ROAD, SUITE 300	CITY-ST-ZIP	
STREET ADDRESS	JACKSONVILLE FL 32257		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	200004912302--7
NAME		CITY-ST-ZIP	-02/12/02--01066--015
STREET ADDRESS			****150.00 ****150.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		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: *Stephen A. Frick* DATE: 1-24-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CFR2E003 (9/01)

PLEASE CHECK HERE