200	2 UNIFORM BUS	INESS REPO	RT	(UBR)				5
DOCUMENT # A0100001261 1. Entity Name						FILED		Ş
VDC - LAUREN COVE, LTD.						02 FEB -4 AM 10: 50		
ne.								
Principal Place of Business Mailing Address						SECRETARY OF STATE TALEAHASSEE FLORIDA		
3020 HARTLE JACKSONVIL	ey road suite 300 Le FL 32257	3020 HARTLEY ROAD SUITE 300 JACKSONVILLE FL 32257						
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2002				
City & State		City & State			4. FEI Number 59-3	748548	Applied For Not Applicable	Ð
Zip Country		Zip	Country		5. Certificate of	of Status Desired	\$8.75 Additional Fee Required	
Name and Address of Current Registered Agent				Name	7. Name and	Address of New Registere	d Agent	7
FRICK, STEPHEN A 3020 HARTLEY ROAD SUITE 300 JACKSONVILLE FL 32257					s (P.O. Box Numbe	r is Not Acceptable)		_
JACKSOI		City		<u></u>	F	Zip Code	-	
8. The above	e named entity submits this statement for the st		register	ed office or regis	ered agent, or both		1-02	
9. Capital Contributions as Shown on record. \$99.99 10. Amount of Capital C in FLORIDA to date.				ibutions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
	A GENERAL PARTNER 1 NOTE: General Partners MA	THAT IS A BUSINESS EN						7
12.	GENERAL PARTNE	<u>-</u>	13.			ADDRESS CHANGES C		╛ᇫ
DOCUMENT # NAME STREET ADDRESS	AME REET ADDRESS TY-ST-ZIP VDC/GP - LAUREN COVE, LP 3020 HARTLEY ROAD SUITE 300 JACKSONVILLE FL 32257 PO 1000			EET ADDRESS				(ht, 3) EU
CITY-ST-ZIP				-ST-ZIP	- Alex			Centro
DOCUMENT # NAME STREET ADDRESS				EET ADDRESS	e y	12		١,
CITY-ST-ZIP DOCUMENT			-	-ST-ZIP	7	009<u>9</u>1292	3397 <u>4</u>	_
NAME			STRE	EET ADDRESS	****150.00 ****150.		<u> *****150.00</u>	4
STREET ADDRESS CITY-ST-ZIP			CITY	IY-ST-ZIP				
DOCUMENT # NAME				TREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	iss			-ST-ZIP				
DOCUMENT # NAME				LEET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			СІТУ	-ST-ZIP		· ·		
NAME			STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			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

STAPLE CHECK HERE

A. frick

1-24-02 Daytime Phone #