FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 24 PM 1:34

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002071

1. Entity Name
VILAS INVESTMENT SERVICES LIMITED PARTNERSHIP

600020416916
08/05/03--01044--011 **376.25

Principal Place of Business	Mailing Address
19073 CLOISTER LAKE LANE BOCA RATON, FL 33498	19073 CLOISTER LAKE LANE BOCA RATON, FL 33498

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3525015 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THIERER, MARTIN M
1475 CYPRESS CREEK ROAD
SUITE 204
FT. LAUDERDALE, FL 33309

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. $114,524.00

10. Amount of Capital Contributions in FLORIDA to date.

MAKE CHECK PAYABLE TO FL 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 #	P01000061313	STREET ADDRESS	
NAME	VILAS MANAGEMENT SERVICES COMPANY		
STREET ADDRESS	19073 CLOISTER LAKE LANE	CITY-ST-ZIP	
CITY-ST-ZIP	BOCA RATON, FL 33498		
DOCUMENT #		STREET ADDRESS	
NAME			
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CITY-ST-ZIP			

600020416916
06/03/03--01024--005 **150.00

CR2E003 (10/02)

STAPLE CHECK HERE

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: VLADIMIR LIVSCHUTZ 5/1/03 (561) 212-9688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #