2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K00260

MODEAL FOTATELIOLDINGO INO

FILED Feb 12, 2002 8:00 AM Secretary of State

Entity Nar	Me: VVC REALES	TATE HOLDINGS, INC.					
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
2ND FLOC	TRALIAN AVE DR EACH, FL 33404	US					
Current M	ailing Address:		New Maili	New Mailing Address:			
2ND FLOC	TRALIAN AVE DR EACH, FL 33404	US					
FEI Number:	: 52-1542528 FE	I Number Applied For()	FEI Number Not Appl	licable ()	Certificate of Status	Desired ()	
Name and	Address of Curre	ent Registered Agent:	Name and	Address of	New Registered Ag	gent:	
1200 SOU	PORATION SYSTE TH PINE ISLAND F ON, FL 33324	RD.					
	named entity subn e of Florida.	nits this statement for the p	purpose of changing i	ts registered	office or registered a	agent, or both,	
SIGNATUF	RE:						
	Electronic S	ignature of Registered Ag	ent	Date			
•	_	sfy its Intangible Tax filing red st Fund Contribution ().	quirement and elects to d	do so (X).			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zin:	DP () Dele FEDDEN, HARRY R 1900 AUSTRIAN AVE		Title: Name: Address: City-St-Zin:	DP (SULLIVAN, DA 1900 AUSTRI RIVERA BEAG	AN AVENUE		

Title: DVST () Delete Title: DVP (X) Change () Addition DE CHALENDAR, PIERRE-ANDRE Name: SULLIVAN, DAVID Name: Address: 18900 AUSTRILIAN AVE Address: 1900 AUSTRILIAN AVE RIVERIA BEACH, FL RIVERIA BEACH, FL City-St-Zip: City-St-Zip:

Title: Title: DST () Delete () Change (X) Addition

Name: SABLE, JACK

Name: Address: Address: 330 PATTON DRIVE SW City-St-Zip: City-St-Zip: ATLANTA, GA 30066

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK SABLE DST 02/12/2002