2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
02-18-2002 90167 019 ****50.00

DOCUMENT # L00000004253

1. Entity Name
VKB-WARREN, LLC

Principal Place of Business	Mailing Address
~~260 GRANDON BLVD., STE 49~~	~~260 GRANDON BLVD., STE 49~~
KEY BISCAYNE FL 33134	KEY BISCAYNE FL 33134

240 Crandon Blvd. Suite 167

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

DO NOT WRITE IN THIS SPACE

4. FEI Number ~~APPLIED FOR~~ 65-1004871 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE LA CRUZ, LUIS F JR.	Name
241 SEVILLA AVE.	Street Address (P.O. Box Number is Not Acceptable)
STE. 805	
CORAL GABLES FL 33134	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BORROTO, WILFREDO ~~260 GRANDON BLVD., STE 49~~ KEY BISCAYNE FL 33134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 240 Crandon Blvd. Suite 167
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VKB INVESTORS, LLC ~~260 GRANDON BLVD., STE 49~~ KEY BISCAYNE FL 33134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 240 Crandon Blvd. Suite 167
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CR2E083 (9/01)

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED Wilfredo Borroto 2-7-02 305-361-6181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #