

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005452

1. Entity Name

THE VENTURE CAPITAL & ASSET MANAGEMENT GROUP, LL

FILED

01 APR 18 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

209 N SEACREST BLVD
BOYNTON BEACH FL 33435

Mailing Address

209 N SEACREST BLVD
BOYNTON BEACH FL 33435

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

65-1003881

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGOEY, MICHAEL J
209 N SEACREST BLVD
BOYNTON BEACH FL 33435

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME TURCOTTE, MARIO
STREET ADDRESS 10398 EAST TARA BLVD
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

TITLE MGRM
NAME MENS, ALEXANDER B
STREET ADDRESS 1318 ISLAND SHORES DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33413 ☒ Delete

TITLE MGRM
NAME COLONIAL FAMILY LP
STREET ADDRESS 1060 SKEES ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33411 ☒ Delete

TITLE MGRM
NAME MICKELSON, SHELDON
STREET ADDRESS 1060 SKEES ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33411 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
600004078226-004
-04/25/01--01092--006
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-5-01 561-242-0920

CR2E083 (11/00)