2001 UNIFORM BU	SINESS REPO	KI (ARK	<u>) </u>			
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VL PARTNERS, L.L.C.				FILED		
Principal Place of Business		01 FEB 26 AM 3: 38			٠	
200 Pasadena Place 200 Pasadena Place Orlando, Fl 32803 Orlando, Fl 32803			ace	SECRETARY OF STATE		
200 Pasadena Pk Onlando, Fl 32803	Orlanda	o, Fl 328	43	TALLAHASSEE, F	LORIDA	
2. Principal Place of Business .	3. Mailing Address					
Suite, Apt. #, etc.	ite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	City & State	City & State		4. FEI Number Applied For Not Applicable		
Zip Country	Zip	Country	5. Certific	cate of Status Desired	□ \$5.00 Add	
6. Name and Address of Curre	nt Registered Agent		7. Name a	and Address of New Regi		- 3.2- 3.2- 2.
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Street Address (Tephen tress (PO-Pos Nur	P.O. Box Number is Not Acceptately		
				badiena eli	ace	
		City			FL Zip Cod	803
8. The above named entity submits this statement	t for the purpose of changing its	registered office or re	Planclo egistered agent, or	both, in the State of Florida		803
SIGNATURE	Dando			2/20	101	
Signature, typed or printed name of registered ag	ent and title if applicable. (NOTI	E: Registered Agent signature	required when reinstating	<u>, , , , , , , , , , , , , , , , , , , </u>	DATE TO STEE STEE STEE STEEL	
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9. MANAGING MEN	MBERS/MEMBERS	10.		ADDITIONS/CH	IANGES	_
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I hereby certify that the information supplied vindicated on this report is true and accurate a limited liability company or the receiver or trus	and that my signature shall have	the same legal effect	as it made under d	oath; that I am a managing	rther certify that the ir g member or manage	nformation r of the
SIGNATURE:	(Granale	<u> </u>	2/20/0	1 407-	835-9	3000
	E OF SIGNING MANAGING MEMBER, MAI	NAGER, OR AUTHORIZED R	EPRESENTAT O E	Date	Daytime Phone #	