

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90016 009 ****50.00

DOCUMENT # L00000014982

1. Entity Name
VL PARTNERS, L.L.C.

Principal Place of Business

**200 PASADENA PLACE
 ORLANDO FL 32803**

Mailing Address

**200 PASADENA PLACE
 ORLANDO FL 32803**

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 59-3688241

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRANDON, STEPHEN E
 200 PASADENA PLACE
 ORLANDO FL 32803**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **PLEASANT PARTNERS LLC**
STREET ADDRESS **200 PASADENA PLACE**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **MGR** ☒ Change ☐ Addition
NAME **PLEASANT PARTNERS LLC**
STREET ADDRESS **200 PASADENA PLACE**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **MGR** ☐ Delete
NAME **REAL SUB LLC**
STREET ADDRESS **1936 GEORGE JENKINS BLVD**
CITY-ST-ZIP **LAKELAND FL 33815**

TITLE ☐ Change ☐ Addition
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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*

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

2/20/02 *407-835-9000*

Date

Daytime Phone #

CR2E083 (9/01)