

1-UNIFORM BUSINESS REPORT (UBR)

AND FILED

01 MAR 26 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000016016

1. Entity Name

VESTCOR PARTNERS XV, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

3020 Hartley Road

3020 Hartley Road, Suite 300

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

Suite 300

City & State

City & State

Jacksonville, Florida

Jacksonville, Florida

4. FEI Number

52-1412767

Applied For

Not Applicable

Zip

Country

Zip

Country

32257

US

32257

US

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

Name

Bernard E. Smith

Street Address (P.O. Box Number is Not Acceptable)

3020 Hartley Road, Suite 300

City

Jacksonville

FL

Zip Code
32257

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

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member VCP-Real Estate Investments Ltd. 3020 Hartley Road, Suite 300 Jacksonville, Florida 32257 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3000003909053--2 -03/26/01--01029--021 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*****55.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

Vestcor Fund XV, Ltd.

By: Vestcor Partners XV, LLC, its general partner

SIGNATURE: _____
SIGNATURE AND

By: *Bernard E. Smith*
Bernard E. Smith, Authorized Representative
of Member

INITIALS

Date

Daytime Phone #

CR2E083 (11/00)