

FILED

Feb 21, 2002 8:00 am
Secretary of State

01-22-2002 90019 045 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004046

1. Entity Name

VENICE CENTER MEDICAL DEVELOPMENT, L.L.C.

Principal Place of Business

722 SHAMROCK BLVD
VENICE FL 34236

Mailing Address

722 SHAMROCK BLVD
VENICE FL 34236

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

65-1097893

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SEIDER, WILLIAM M
200 SOUTH ORANGE AVE.
SARASOTA FL 34236

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM	<input type="checkbox"/> Delete
NAME	Jobeco's Development V, LLC	
STREET ADDRESS	722 Shamrock Blvd	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	VENICE CENTER ASSOCIATES III, LLC	
STREET ADDRESS	722 Shamrock Blvd.	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	SEL W.V. Development No 4, Inc.	
STREET ADDRESS	722 Shamrock Blvd.	
CITY-ST-ZIP	Venice, FL 34293	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

James A. Connelly

1/14/02

941-497-2353

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

Date

Daytime Phone #

CR2E083 (9/01)