

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90231 032 \*\*\*\*50.00

**DOCUMENT # L01000004123**

1. Entity Name

**VIRGIN VENTURES, LLC**



Principal Place of Business

**5606 PGA BOULEVARD  
SUITE 211  
PALM BEACH GARDENS FL 33418**

Mailing Address

**5606 PGA BOULEVARD  
SUITE 211  
PALM BEACH GARDENS FL 33418**

2. Principal Place of Business

**11199 POLO CLUB ROAD**

Suite, Apt. #, etc.

3. Mailing Address

**11199 POLO CLUB ROAD**

Suite, Apt. #, etc.

City & State

**WELLINGTON, FL**

City & State

**WELLINGTON, FL**

Zip

**33414**

Country

Zip

**33414**

Country

4. FEI Number

**65-1091965**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**RONALD WITKOWSKI, P.A.  
5606 PGA BOULEVARD  
SUITE 211  
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name

**CRAIG T. GALLE**

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

**11199 POLO CLUB ROAD**

City

**WELLINGTON**

**FL**

Zip Code

**33414**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Craig T. Galle*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/3/03**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete  
NAME **HENNING, PHILIP**  
STREET ADDRESS **5606 PGA BOULEVARD SUITE 211**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **HENNING, PHILIP**  
STREET ADDRESS **11199 POLO CLUB ROAD**  
CITY-ST-ZIP **WELLINGTON, FLORIDA 33414**

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

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

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

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

TITLE ☐ Change ☐ 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]*  
**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**APRIL 14, 03 519-240-6900**

CR2E083 (10/02)

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