

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011478

1. Entity Name

VIDA PROPERTIES, LLC

Principal Place of Business

115 SE FIRST STREET  
CHIEFLAND FL 32626

Mailing Address

115 SE FIRST STREET  
CHIEFLAND FL 32626

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

PANKOW, KAREN  
115 SE FIRST STREET  
CHIEFLAND FL 32626

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
Benjamin F. Rodgers, Jr  
PSC 80 Box 12104  
APO AP 96367-0024

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
ELISA V. Rodgers  
PSC 80 Box 12104  
APO AP 96367-0024

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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:

Benjamin F. Rodgers

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

01-MAR-2002

Date

Daytime Phone #

CR2E083 (9/01)

2002

FILED  
Mar 24, 2002 8:00 am  
Secretary of State

03-24-2002 90035 017 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

Attachment 933284

#L01.000011478

Form SS-4

(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service

## Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

► See separate instructions for each line. ► Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested	VIDA PROPERTIES, LLC			
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name			
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 115 SE FIRST STREET	5a Street address (if different) (Do not enter a P.O. box.)			
	4b City, state, and ZIP code CHIEFLAND, FL 32626	5b City, state, and ZIP code			
	6 County and state where principal business is located LEVY, FLORIDA				
	7a Name of principal officer, general partner, grantor, owner, or trustee BENJAMIN F. RODGERS, Jr.	7b SSN, ITIN, or EIN 267.82.6030			
	8a Type of entity (check only one box)	<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Corporation (enter form number to be filed) ► <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> Personal service corp. <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> Other nonprofit organization (specify) ► <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input checked="" type="checkbox"/> Other (specify) ► <b>LIMITED LIABILITY CO.</b> Group Exemption Number (GEN) ►			
	8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country		
	9 Reason for applying (check only one box)	<input checked="" type="checkbox"/> Started new business (specify type) ► <b>RENTAL &amp; LEASING</b> <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ►			
	10 Date business started or acquired (month, day, year)	11 Closing month of accounting year <b>DECEMBER</b>			
10 07-13-2001					
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)					
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-".	<input type="checkbox"/> Agricultural <input type="checkbox"/> Household <input type="checkbox"/> Other				
14 Check one box that best describes the principal activity of your business.	<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify)				
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.	<b>RENTAL &amp; LEASING PROPERTY</b>				
16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.				
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ►	Trade name ►				
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.	Approximate date when filed (mo., day, year)      City and state where filed      Previous EIN				
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.					
Third Party Designee	Designee's name		Designee's telephone number (include area code) ( )		
	Address and ZIP code		Designee's fax number (include area code) ( )		
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.					
Name and title (type or print clearly) ► <b>BENJAMIN F. RODGERS, JR., MANAGER/MEMBER</b> (352) 493-4593 Signature ► <b>Benjamin F. Rodgers, Jr.</b> Date ► 11-FEB-03					
Applicant's telephone number (include area code) ( ) Applicant's fax number (include area code) ( )					



Attachment 93384 #L0100011478

Vida Properties, LLC  
115 SE First Street  
Chiefland, Florida 32626

Phone: 352.493.4593  
rodgersv@kda.attmil.net

05/MAR/02

Limited Liability Company  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314-6327

Vida Properties, LLC  
115 SE First Street  
Chiefland FL 32626

Dear Sirs:

This is to notify the Division of Corporations that Vida Properties, LLC is no longer a manager-managed LLC. Vida Properties, LLC is a member-managed LLC. This is a change from our original LLC filing document. Block 10 of the UBR lists the addition of current member-managers.

Respectfully,

A handwritten signature in black ink that reads "Benjamin F. Rodgers, Jr." The signature is written in a cursive, flowing style.

Benjamin F. Rodgers, Jr.  
MGRM  
Vida Properties, LLC