

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000016251**

1. Entity Name
VILLA FRANCINE LLC

FILED
02 NOV -5 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 701 WEST CYPRESS CREEK ROAD SUITE 303 FT. LAUDERDALE FL 33309	Mailing Address 701 WEST CYPRESS CREEK ROAD SUITE 303 FT. LAUDERDALE FL 33309
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1141818** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KODSI, ISAAC
701 CYPRESS CREEK ROAD
SUITE 303
FT. LAUDERDALE FL 33309**

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 _____ (NOTE: Registered Agent signature required when rehashing) 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 *MEM* **Corp Equity Group LLC** Delete
NAME **701 W Cypress Creek Rd 303**
STREET ADDRESS **Ft Lauderdale, FL 33309**
CITY-ST-ZIP

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

TITLE *MEM* **OPH Development LLC** Delete
NAME **3560 S. Ocean Blvd #605**
STREET ADDRESS **Palm Beach, FL 33480**
CITY-ST-ZIP

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

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE _____ Delete
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: Date **04/17/02** Daytime Phone # **954-771-8277**

CR2E083 (9/01)