FILED
Feb 05, 2002 8:00 am
Secretary of State
02-05-2002 90119 013 ****55.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021341

1. Entity Name

Vestcor Partners XXIII, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
3020 Hartley Road		
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.	
City & State: Jacksonville, FL	City & State	4. FEI Number: 59-3759901 ☐ Applied For ☐ Not Applicable
Zip: 32257 Country: USA	Zip / Country	5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Frick, Stephen A.

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: Stephen A Frick 1-24-02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	D	TITLE	
NAME	Rood, John D.	NAME	
STREET ADDRESS	3020 Hartley Road, Suite 300	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32257	CITY-ST-ZIP	
TITLE	VT	TITLE	
NAME	Farrell, Mark T.	NAME	
STREET ADDRESS	3020 Hartley Road, Suite 300	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32257	CITY-ST-ZIP	
TITLE	VS	TITLE	
NAME	Frick, Stephen A.	NAME	
STREET ADDRESS	3020 Hartley Road, Suite 300	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32257	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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: Stephen A Frick Stephen A. Frick 1-24-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #