

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000021341

FILED
Jan 17, 2003
Secretary of State

Entity Name: VESTCOR PARTNERS XXIII, LLC

Current Principal Place of Business:

3020 HARTLEY ROAD
SUITE 300
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

3020 HARTLEY ROAD
SUITE 300
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-3759901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRICK, STEPHEN A
3020 HARTLEY ROAD
SUITE 300
JACKSONVILLE, FL 32257

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: D () Delete
Name: ROOD, JOHN D
Address: 3020 HARTLEY RD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

Title: VT (X) Delete
Name: FARRELL, MARK T
Address: 3020 HARTLEY RD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

Title: VS (X) Delete
Name: FRICK, STEPHEN A
Address: 3020 HARTLEY RD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROOD, JOHN D
Address: 3020 HARTLEY RD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOHN D. ROOD

MGR

01/17/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date