

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90119 011 ****55.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000021342			
1. Entity Name Vestcor PartnersXXVI, LLC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 3020 Hartley Road Suite, Apt. #, etc. Suite 300 City & State Jacksonville, FL Zip 32257 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State City Zip Country	
4. FEI Number 59-3759902		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		DO NOT WRITE IN THIS SPACE	
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 <u>Stephen A. Frick</u> Signature, typed or printed name of registered agent and title if applicable.		1-24-02 DATE	
		FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 Road, John D. 3020 Hartley Road, Suite 300 Jacksonville, FL 32257	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Farrell, mark T. 3020 Hartley Road, Suite 300 Jacksonville, FL 32257	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Frick, Stephen A. 3020 Hartley Road, Suite 300 Jacksonville, FL 32257	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: <u>Stephen A. Frick</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Stephen A. Frick 1-24-02 Date Daytime Phone #	

CR2E083B (12/01)