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

FILED Feb 05, 2002 8:00 am Secretary of State 02-05-2002 90119 007 ****55.00

			- 02-03-2002 20112 007 33.00
DOCU	MENT # L01000021572		
Ve	stcor Partners XXX,L	LC	នា 4 ប្រុម្ម
	DO NOT WRITE IN THIS SP	ACE	
2. Principal	Place of Business 3. Mailing Address	to april to the safe of the	
302	20 Hartley Road		
Suite, Apt			DO NOT WRITE IN THIS SPACE
City & Sta			4. FEI Number 3700773 Applied For Not Applicable
	sonville. FL		
^{zip} 32	257 USA Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
			7. Name and Address of Current Registered Agent
	DO NOT WALE	Name F	rick, Stephen A.
5	DO NOT WRITE	Street Address	(P.O. Box Number is Not Acceptable)
	IN THIS SPACE	30	1
	e transferie de la companya de la c La companya de la co	Su Su	11 te 300
1-2-77		City Jac	cksonuille FL 置篇57
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 tale if applicable.			
FEEIS \$50.00			
ļ ·	Make Chack Pay	able to Department o	
	49 DU	IEBY MAY 1	
9. MANAGING MEMBERS/MANAGERS			
TITLE	Road, John D.	NAME	
STREET ADDRESS	3020 Hartley Road, Suite 300	STREET ADDRESS	g
CITY-ST-ZIP	3020 Hartley Road, Swite 300 Tacksonville, FL 32257	CITY-ST-ZIP	The state of the s
TITLE NAME	Farrell mark T.	TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	Tacksonville, the 32257	CITY-ST-ZIP	
TITLE	VS	mi	
NAME STREET ADDRESS	1200 Holley Road, Suite 300	NAME STREET ADORESS	DO NOT WOLLE
CITY-ST-ZIP	Frick, Stephen A. 3020 Hartley Road, Suite 300 Jacksonville, FL 32257	COTY-ST-ZIP	DO NOT WRITE
TITLE		TITLE	IN THIS SPACE
NAME STREET ADDRESS		NAME STREET ADORESS	
CITY-ST-ZIP		CITY-ST-ZP C	
TITLE		TITLE ()	
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME STREET ADDRESS		NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	

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.

NATURE: Stroten A Stroten A SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE