

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000006659

FILED
Jun 14, 2003
Secretary of State

Entity Name: VICKI E, L.C.

Current Principal Place of Business:

7200 N.W. 7TH ST., STE. 300
MIAMI, FL 33126

New Principal Place of Business:

7200 N.W. 7TH ST., STE. 300
MIAMI, FL 331262941

Current Mailing Address:

7200 N.W. 7TH ST., STE. 300
MIAMI, FL 33126

New Mailing Address:

7200 N.W. 7TH ST., STE. 300
MIAMI, FL 331262941

FEI Number: 45-0477170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENDER, HARRY K
BENDER, BENDER & CHANDLER, P.A.
5915 PONCE DE LEON BLVD., STE. 60
CORAL GABLES, FL 33146 US

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: MGR () Delete
Name: FEELEY, JOHN J JR.
Address: 7200 N.W. 7TH ST., STE. 300
City-St-Zip: MIAMI, FL 33126

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FEELEY, JOHN J JR.
Address: 7200 N.W. 7TH STREET, SUITE 300
City-St-Zip: MIAMI, FL 331262941 US

Title: MGR () Change (X) Addition
Name: FEELEY, VICKI
Address: 7200 NW 7TH STREET, SUITE 300
City-St-Zip: MIAMI, FL 331262941 US

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: VICKI FEELEY

MGR

06/14/2003

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