2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000019016

1. Entity Name
V K 2 D, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -4 PM 4:35

WR 4/9

Principal Place of Business	Mailing Address
C/O PAUL A. MURRAY, P.A. 5117 CASTELLO DRIVE, SUITE 2 NAPLES, FL 34103	C/O PAUL A. MURRAY, P.A. 5117 CASTELLO DRIVE, SUITE 2 NAPLES, FL 34103

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
c/o Verlyn Fischer		1150 Windswept Ave	
Suite, Apt. #, etc. 1150 Windswept Ave		Suite, Apt. #, etc.	
City & State Naples Fl		City & State Naples Fl	
Zip 34109	Country Collier	Zip 34109	Country Collier

4. FEI Number 01-0738628 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, PAUL A
5117 CASTELLO DRIVE, SUITE 2
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

400015296494
4/03--01002--026 **50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME Verlyn Fischer STREET ADDRESS 1150 Windswept Ave CITY-ST-ZIP Naples Fl. 34109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE MGR NAME Ken Trask STREET ADDRESS 356 Sharwood Dr. CITY-ST-ZIP Naples Fl. 34110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: [signature] 3-14-03 (239)-649-1188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

STATE COPY