## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (\*\*\*B\$)

DOCUMENT # L 02000025308

1. Entity Name

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

VIDIAN ENTERPRISES, LLC



## DO NOT WRITE IN THIS SPACE.

						500024570055   11/10/0301095009 **50.00		
Principal Place of Business     C/O Ronny J. Halperin, PA     C/O Ronny J. Halperin, PA     C/O Ronny J. Halperin, PA					ΡΔ	11/10/03	.01039003	***30.00
Suite, Apr. #, etc. 312 SE 17th Street, Second Floor			Suite, Apt. #, etc. 312 SE 17th Street, Second Floor			DO NOT WRITE IN THIS SPACE		
City & State Ft. Lauderdale, FL			City & State Ft. Lauderdale, FL			4. FEI Number		
Zip 33316		Country	Zip 33316	Coun	try	5. Certificate of Status Desired 55.00 Additional Fee Required		
					7. Name and Address of Current Registered Agent			
			Name Ronny J. Halperin, PA					
	TIS NEW YORK STREET	O NOT WI	· · · · · · · · · · · · · · · · · · ·	1.10	Street Address (F	O. Box Number is Not Acceptable)		
IN THIS SPA			VCE		312 SE 17th	Street, Second Floor		
				City Ft. Laud	erdale,	FL	Zip Code 33316	
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 Street, special period refere dispisated apert and street of applicable. Konny to period refere dispisated apert and street of applicable.								
Make Check Payable						it of State		
9. MANAGING MEMBERS/MANAGERS					anta ana ana ana an	raceron Cross Systems - Stanf	Participality and the second	
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CITY-ST-ZIP				2010073010	ST-ZIP NATE CONTROL OF THE STATE OF THE STAT			

11. I hereby certify that the information supplied with this filling 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 flability company or the peciver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IGNATURE: LOUNT LOUPING OF PHINTED NAME OF SIGNATURE MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE DELLE DOUGH DAYLOR PROMETED NAME OF SIGNATURE PROMETED N

TITLE TO A

STREET ADDRESS

CITY-ST-ZIP

FILED

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DIVIJION OF CORPORATIONS
TALLAHASSEE, FLORIDA
500024570055
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CR2E083B (12/02)

LAW OFFICES

## RONNY J. HALPERIN, P.A.

312 Southeast 17th Street Second Floor Ft. Lauderdale, Florida 33316

Telephone:

(954) 767-4804 (954) 767-4821

Facsimile:

November 4, 2003

2003 NOV 10 PM 4:01

Uniform Business Reports Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

Re:

Document # L02000025308

Ladies and Gentlemen:

Enclosed is a 2003 Uniform Business Report (UBR) for filing on behalf of Vidian Enterprises, LLC. (the "Company"), along with a check in the amount of \$50.00 to cover the applicable filing fee for 2003.

We respectfully request that the UBR and filing fee be accepted by the Division of Corporations as sufficient, and that the Company not be charged late fees, since the 2003 Uniform Business Report, or any subsequent notices, were never received by the Company.

In order to avoid any future delays in receipt of correspondence from the Division, the Company has corrected its mailing address on the enclosed UBR. In addition, the Company has also taken additional steps to correct its record-keeping procedures to ensure that all future reports are timely filed with the Division of Corporations.

Thank you for your a ssistance in this matter and do not he sitate to contact me should you have any questions or require additional information.

Sincerely,