




# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2003 8:00 am**  
**Secretary of State**

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05-01-2003 90083 034 \*\*\*\*50.00

<b>DOCUMENT # L02000030504</b>					
1. Entity Name <b>VILLAGE COURT OF FLORIDA, LLC</b>					
Principal Place of Business <b>9580 DELEGATES DRIVE ORLANDO FL 32837</b>			Mailing Address <b>9580 DELEGATED DRIVE ORLANDO FL 32837</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>76-0719307</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>COHEN, DAVID S ESQ. 5728 MAJOR BLVD. SUITE, 550 ORLANDO FL 32819</b>				7. Name and Address of Now Registered Agent Name <b>ROBERT KIBLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>9714 CAMBERLEY CIRCLE</b> City <b>ORLANDO</b> FL Zip Code <b>32836</b>	
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  <b>ROBERT KIBLER MANAGING MEMBER 4/26/03</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<div style="text-align: center;"> <b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By May 1, 2003</b> </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <b>ROBERT KIBLER</b> 4/26/03 407-240-1091 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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☐ CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)