## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED May 15, 2003 8:00 am Secretary of State

04-28-2003 90093 005 \*\*\*\*50.00

<b>DOCUMENT</b>	# L	.02000031186

1. Entity Name VIP REALTY OF BONITA SPRINGS, L.L.C. Principal Place of Business 13131 UNIVERSITY DRIVE FT. MYERS FL 33907

Country

5. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and tate if applicable.

MANAGING MEMBERS/MANAGERS

Mailing Address 13131 UNIVERSITY DRIVE FT. MYERS FL 33907

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

DATE

ADDITIONS/CHANGES

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

44001671

Applied For Not Applicable

■ Addition

5. Certificate of Status Desired

4/4

\$5.00 Additional Fee Required

WINER, STEVEN I ESQ. 2320 FIRST STREET **SUITE 1000** FT. MYERS FL 33901

MGR

POLLY, MICHAEL L

FT. MYERS FL 33907

13131 UNIVERSITY DRIVE

11 common and transfer of their reflection will be to							
Name .	- -			, – -			
Street Address (	P.O. Box Number	is Not Acceptable)					
City			۲ı	Zip Code			

5. 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.

(NOTE: Registered Agent signature required when reinstating)

Country

SIGNATURE

9.

TITLE

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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

Delate	NAME STREET ADDRESS CITY-ST-ZIP	MGRM	081 Change	Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VIPREALTY GROUP, INC. 13131 UNIVERSITY DR. FT MYERS FL 33907	Change	Addition
Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAROL DEZORT 129955 CLEVELANDAVE: FT. MYERS FL 33907	[] Change	Addition
Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
☐ Dereta	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP