

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2003 8:00 am**  
**Secretary of State**

DOCUMENT # L02000033979

Entity Name

VLOC, LLC



03-31-2003 90809 022 \*\*\*\*50.00

**DO NOT WRITE IN THIS SPACE**

**44002705**

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 633 S. Federal Highway Suite, Apt. #, etc. 8th Floor City & State Ft. Lauderdale, FL Zip 33301 Country USA		3. Mailing Address 633 S. Federal Highway Suite, Apt. #, etc. 8th Floor City & State Ft. Lauderdale, FL Zip 33301 Country USA	
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
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**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name William Scherer	
Street Address (P.O. Box Number is Not Acceptable) 633 S. Federal Highway	
City Ft. Lauderdale	Zip Code FL 33301

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]*

DATE

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager, Thomas Brennan 633 S. Federal Highway 8th Floor Ft. Lauderdale, FL 33301	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager, Thomas J. Carney 633 S. Federal Highway 8th Floor Ft. Lauderdale, FL 33301	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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]*

4-28-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)