
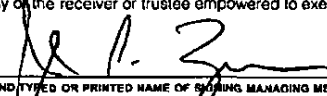


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90045 034 \*\*\*\*50.00

<b>DOCUMENT #</b> L03000001257			
1. Entity Name <b>Victoria Park LLC</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <b>1515 N. Federal Highway</b>		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc. <b>Suite 206</b>		City & State <b>Boca Raton, FL</b>	
Zip <b>33432</b>	Country <b>USA</b>	Zip	Country
<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number <b>No Income - N/A</b>	
		Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
		7. Name and Address of Current Registered Agent	
		Name <b>NRAI Services, Inc.</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<b>526 E. Park Avenue</b>	
		City <b>Tallahassee</b>	FL Zip Code <b>32301</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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.			
<b>FEE IS \$50.00</b>			
<b>Make Check Payable to Florida Department of State</b>			
<b>DUE BY MAY 1</b>			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Member Robert Campbell 1515 N. Fed. Hghwy, Ste 206 Boca Raton, FL, 33432</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: 		04/23/04 (212) 808-4600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	
<b>John P. Zampino - Authorized Representative</b>			

CR2E083B (12/02)