## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED May 12, 2002 8:00 am Secretary of State

05-12-2002 90598 047 \*\*\*\*50.00 DOCUMENT # L960000 VE South, LLC DO NOT WRITE IN THIS SPACE 958359 2. Principal Place of Business 4800 NW 15<sup>th</sup> Aw Mailing Address
4800 NW 15<sup>12</sup> Aw Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Lauderdale, FL Applied For Et. Lauderdale. 65-0696794 Not Applicable 3330E 33308 \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent Garson DO NOT WRITE Box Number is Not Acceptable) IN THIS SPACE 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. SIGNATURE FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS TITLE MGRH me Garson, Brent 8700 Bruokpark Rd Cleweland, OH 44129 NAME CR2E083B (12/0 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP MGRM TITLE nne Garson Reid 8700 Brookpark Rd. NAME NAME STREET ADDRESS STREET ADORESS CITY - ST - ZIP Cleveland, UH 44129 CITY-ST-ZIP TITLE MERM mec Garson, Greg 8700 Brookpark Rd NAME NAMO STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY - ST - ZIP Clevelard OH 44129 CITY-ST-787 TITLE BRE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY SI 70 TITLE 3111.E NAME NAME. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST. 70 TITLE BRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-28P 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 accordate any 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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #