

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0009271 AF

**DOCUMENT # L96000000882**

1. Entity Name  
**VILLE L.C.**

00 APR 27 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2106 BISPHAM ROAD #B SARASOTA FL 34231	Mailing Address 2106 BISPHAM ROAD #B SARASOTA FL 34231-5518
--	---



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

*mm*

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SHESLER, VICKIE L**  
46 NORTH WASHINGTON BLVD. #1  
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name  
**PATTERSON, JOHN**

Street Address (P.O. Box Number is Not Acceptable)  
**46 N. WASHINGTON BLVD.**

**SUITE 1**

City  
**SARASOTA**

State  
**FL**

Zip Code  
**34236**

4. FEI Number  
**65-0694435**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

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  DATE **4/20/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEM 1116304 ONTARIO INC. 253 ROBINS ROAD ANCASTER, ONTARIO L9G 2L6 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEM SACKVILLE HOLDINGS, INC. C/O ONE FIRST CANADIAN PLACE #5600 TORONTO ONTARIO M5X 1E5 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEM 100070 ONTARIO LIMITED 95 ST. CLAIR AVENUE WEST #1605 TORONTO, ONTARIO M4V 1N6 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEM SANVIN, INC. 46 NO WASHINGTON BLVD SARASOTA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEM JOHNSON, JOHN E 627 BUCHANAN STREET DAVIS CA 95616 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEM PARBIRDIE HOLDINGS, INC. 4 HIGHLAND CRESCENT TORONTO, ONTARIO M4W 2S7 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000003249570-7</b> <b>-05/11/00-01126-015</b> <b>*****50.00 *****50.00</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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  DATE **3/16/2000** DAYTIME PHONE # **941-365-4617**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)