

2001 UNIFORM BUSINESS REPORT (UBR)

0021934 AF

DOCUMENT # **L96000000882**

1. Entity Name
VILLE L.C.

FILED

01 MAR 12 AM 9:27

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**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **65-0694435**

Applied For Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

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

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

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

600003853846--2
-03/15/01--01047--018
*******50.00 *****50.00**

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 REQUIRED DATE: _____ DAYTIME PHONE #: _____

CR2E083 (11/00)