

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90157 042 ****50.00

DOCUMENT # L96000000882

1. Entity Name
VILLE L.C.

Principal Place of Business
**2106 BISPHAM ROAD #B
 SARASOTA FL 34231**

Mailing Address
**2106 BISPHAM ROAD #B
 SARASOTA FL 34231**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0694435**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATTERSON, JOHN
 46 NORTH WASHINGTON BLVD. #1
 SARASOTA FL 34236**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MEM** Delete
 NAME **1116304 ONTARIO INC.**
 STREET ADDRESS **253 ROBINS ROAD**
 CITY-ST-ZIP **ANCASTER, ONTARIO L9G 2L6**

TITLE **M** Change Addition
 NAME **Endiang Holdings Inc**
 STREET ADDRESS **158 Warren Rd**
 CITY-ST-ZIP **Toronto, Ontario, Canada**

TITLE **MEM** Delete
 NAME **SACKVILLE HOLDINGS, INC.**
 STREET ADDRESS **C/O ONE FIRST CANADIAN PLACE #5600**
 CITY-ST-ZIP **TORONTO ONTARIO M5X 1E5**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MEM** Delete
 NAME **100070 ONTARIO LIMITED**
 STREET ADDRESS **95 ST. CLAIR AVENUE WEST #1605**
 CITY-ST-ZIP **TORONTO, ONTARIO M4V 1N6**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MEM** Delete
 NAME **SANVIN, INC.**
 STREET ADDRESS **46 NO WASHINGTON BLVD**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MEM** Delete
 NAME **JOHNSON, JOHN E**
 STREET ADDRESS **627 BUCHANAN STREET**
 CITY-ST-ZIP **DAVIS CA 95616**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MEM** Delete
 NAME **PARBIRDIE HOLDINGS, INC.**
 STREET ADDRESS **4 HIGHLAND CRESCENT**
 CITY-ST-ZIP **TORONTO, ONTARIO M4W 2S7**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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]* **Apr 4/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)