

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L98000003196

1. Entity Name
VII NOBLES PROPERTIES, L.L.C.

00 MAY -3 PM 12: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6 LIONSPAW VII NOBLES
DAYTONA BEACH FL 32124

Mailing Address
6 LIONSPAW VII NOBLES
DAYTONA BEACH FL 32124-1085



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 59-3546698

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

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32115-2491

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM HENDERSON, EARLE H
STREET ADDRESS 6 LIONSPAW VII NOBLES
CITY-ST-ZIP DAYTONA BEACH FL 32124 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700003269557--2
CITY-ST-ZIP -05/30/00--01006--019
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
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: *Earle H. Henderson* EARLE H. HENDERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/27/00 (904) 274-4071
Date Daytime Phone #

CR2E083 (9/99)