


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000003237**

VGIP ASSOCIATES, LLC
~~2295 CORPORATE BOULEVARD NW, 125~~
~~610 SEVELL REALTY PARTNERS~~
~~BOCA RATON FL 33431~~

FILED W 8/25
99 AUG 23 AM 9:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1a. Principal Place of Business Address

~~2295 CORPORATE BOULEVARD NW,~~
~~610 SEVELL REALTY PARTNERS~~
~~BOCA RATON FL 33431~~

2. Principal Place of Business

1532 - 1562 J.E. VILLAGE GREEN DR. S.E. VILLAGE GREEN, FL 32909

City & State

PT. ST. LUCIE, FLORIDA

Zip

34952

Country

USA

2a. Mailing Address

P.O. BOX 3059
STUART, FL 34955

City & State

STUART, FL

Zip

34955

Country

USA

3. Date Organized or Qualified

12/14/1998

4. FEI Number

13-4035502

3a. State of Formation

FL

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

SA 7 - Additional Fee Required ☐

7. Name and Address of Current Registered Agent

CORPORATION SERVICE, COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

13. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DAVIS, BARRY M	301 FIELDS LANE	BREWSTER NY
MGRM	GAMAR, PETER	301 FIELDS LANE	BREWSTER NY

100002970371--S
-08/26/99--01004--008
****188.75 ****188.75

11 I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: X

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

8-19-99

Date

Daytime Phone #

VGIP Associates, LLC
c/o Southcoast, Inc.
PO Box 3059
Stuart, FL 34995

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FILED
99 AUG 23 AM 9:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

August 16, 1999

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

Re: Document # L98000003237
Late fee for VGIP Associates, LLC

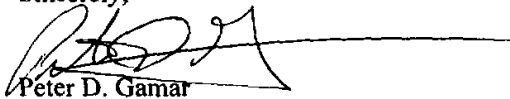
Dear Sirs,

This is the first notice that I received for the Annual Report on this LLC, therefore I do not feel that I should pay the late fee of \$400.00.

I am enclosing a check for \$188.75(\$100.00 Annual Report fee & \$88.75 Corporation Supplemental Fee).

Any questions please call me at (914) 276-3938.

Sincerely,


Peter D. Gamar