

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90078 003 \*\*\*\*50.00

**DOCUMENT # L98000003237**

1. Entity Name  
**VGIP ASSOCIATES, LLC**

Principal Place of Business  
**1532 - 1562 S.E. VILLAGE GREEN DR.  
 PORT ST. LUCIE FL 34952**

Mailing Address  
**% SOUTHCOST, INC.  
 PO BOX 3059  
 STUART FL 34995**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-4035502**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

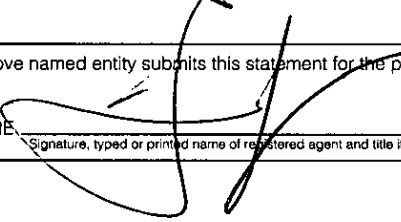
7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

Name **SOUTHCOST, INC**  
 Street Address (P.O. Box Number is Not Acceptable)

**815 COLORADO AVE SUITE 101**  
 City **STUART** FL Zip Code **34994**

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 ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **DAVIS, BARRY M**  
 CITY-ST-ZIP **301 FIELDS LANE**  
**BREWSTER NY 10509**

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

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **GAMAR, PETER**  
 CITY-ST-ZIP **301 FIELDS LANE**  
**BREWSTER NY 10509**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/15/02 561-286-6292**

Date Daytime Phone #

CR2E083 (9/01)