

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0004155
AF

DOCUMENT # L99000004630

1. Entity Name
VBS MANAGEMENT, L.L.C.

00 MAY -3 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 18151 NE 31ST COURT. #911 AVENTURA FL 33160	Mailing Address 18151 NE 31ST COURT. #911 AVENTURA FL 33160-2600
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3500 MAGELLAN CIR. Suite, Apt. #, etc. # 715 City & State AVENTURA FL Zip 33180 Country USA	3. Mailing Address SAME AS Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 65-0937320	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BERCOON, MARC E
18151 NE 31ST COURT, #911
AVENTURA FL 33160

7. Name and Address of New Registered Agent
Name
MARC BERCOON
Street Address (P.O. Box Number is Not Acceptable)
3500 MAGELLAN CIR.
715
City
AVENTURA FL
Zip Code
33180

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 Marc E Bercon DATE 4/30/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERCOON, MARC E 18151 NE 31ST COURT, #911 AVENTURA FL 33160 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERCOON, MARC E. 3500 MAGELLAN #715 AVENTURA FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Marc E Bercon DATE 4/30/00 DAYTIME PHONE # 305-936-0551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)