## **2001 UNIFORM BUSINESS REPORT (UBR)**

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	MENT # <b>L990</b> 0	00008128							
1. Entity Name HOWARD VANDROFF ASSOCIATES, L.L.C.						FILED			
TIOTALID VARDING I ACCOUNTED, L.E.C.									
						01 MAR 16 PM 4: 26			
Principal Place of Business . Mailing Address						SECRE	TARY OF	CTATE	-A.: -
P.O. BOX 551 JACKSONVILL			P.O. BOX 551260 PACKSONVILLE FL 32255			SECRETARY OF STATE TALLAHASSIE, FLORIDA			
Principal Place of Business     3. Mailing Address									
z. Filikipair	lace of business	S. Walling Address							
Suite, Apt.	#, etc. *				DO NOT WRITE IN THIS SPACE				
City & State	θ	City & State	Dity & State			4. FEI Number O5-2268239 Applied For Not Applicable			
Zip	Country Zip		Country		<b>5.</b> Cer	tificate of Status Desired		5.00 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Nar	ne and Address of New Ro			
Name									
l la companya di managantan di managantan di managantan di managantan di managantan di managantan di managanta					ress (P.O. Box	Number is Not Acceptable)	)		
	.FORT ROAD, #100 NVILLE FL 32256	,						<del></del>	
JACKSON	WILLE I E OFFO		•	City			FL	Zip Code	е
The plant of the state of the s						• -			
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. (N	IOTE: Registere	id Agent signature n	required when reinstr	ating)	DATE		
	organization, system of participation of the grant of the					1			
	,	Make Check		FEE IS \$50 to Departme					
·						A SOUTIONS	CHANGES		
9. TITLE	MANAGING MEMB	ERS/MEMBERS	10. TITL			ADDITIONS/		Change	Addition
NAME	VANDROFF, HOWARD		NAM	IE			_		_
STREET ADDRESS CITY-ST-ZIP	703 SPINNAKERS REACH DR. PONTE VEDRA BEACH FL 3208	9		EET ADDRESS '-ST-ZIP					ļ
TITLE	PONIE VEDIA BEACHTE SECO	Delete	TITL	E	<u>.</u>	4000029		Change	Addition
NAME			NAM	IE Eet address — -		4000039 -03/26/i ******	011	4302	23 7
STREET ADDRESS* City-St-Zip				'-ST-ZIP		##### <u></u>	.U.UU *	*****5	U.UU
TITLE	• 1	☐ Delete	TITL	1	•	<del></del>		Change	Addition .
NAME STREET ADDRESS			NAM STRI	EET ADDRESS					
CITY-ST-ZIP		<u></u>	CITY	'-ST-ZIP '				···-	
TITLE NAME		☐ Delete	TITL NAM				[	Change	Addition
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				-ST-ZIP	·-				- Addition
TITLE NAME		☐ Delete	TITL NAM				ι	Change	Addition
STREET ADDRESS				EET ADDRESS '- ST-ZIP					
CITY-ST-ZIP		☐ Delete	TITE				· · · · · · · · · · · · · · · · · ·	Change	☐ Addition
NAME			NAM	IE .		•	_	•	
STREET AÕDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP					
11. I hereby o	pertify that the information supplied with on this report is true and accurate and	t that my signature shall have	for the exe	mption stated e legal effect a	as if made und	er oath; that I am a manag	further certify ing member (	/ that the ir or manage	nformation or of the
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED BEPRESENTATIVE Date  Description of Descrip									
	SIGNATURE AND TYPED OF PRINTED NAME	UF SIGNING MANAGING MEMBER,	manager, of	S AU I HOHIZED 💯	IPHESKNIATIVE	Date	Dayt	time Phone #	