2000 UNIFORM BUSINESS REPORT (UBR) L99000009189 **DOCUMENT #** 1. Entity Name FILED VBP AT BELLE TERRE, L.L.C. 00 MAR -8 PM 2:50 Mailing Address Principal Place of Business SECRETARY OF STATE 2285 EastState Route 100, Suite 105 TALLAHASSEE, FLORIDA Bunnell, FL 32110 2. Principal Place of Business 3. Mailing Address Same as above Same Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 22-3702697 Not Applicable \$5.00 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Glenn Storch, Esq. James L. Manfre, Esquire Street Address (P.O. Box Number is Not Acceptable) 420 Nova Road 2285 East State Route 100, Suite 105 Daytona Beach, FL 32114 Zip Code 32110 Bunnel1 8. The above named entity submits this statement for the purpose of changing is registered of of general agent, or both, in the State of Florida. James L. Manfre SIGNATURE OTE: Registered Agey Signature, typed or printed name of registered agent and title if applicable EILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MEMBERS 10 CR2E083 (11/99) Change ☐ Addition ☑ Delete TITLE Manager TITLE George Heinlein NAME Rosario Cassata NAME 308 West Main St. STREET ADDRESS STREET ADDRESS 200 West Main St. Smithtown, NY 11787 CITY-ST-ZIP CITY-ST-7IP Babylon, NY 11702 TITLE TITLE Manager William A. Lenssen NAME NAME Leonard J. Fries 2801 John Anderson Hwy STREET ADDRESS STREET ADDRESS 2584 So. Osprey Circle Flagler Beach, FL 32136 CITY-ST-ZIP Beverly, Beach, FL 32136 Change CITY-ST-7IP ☐ Addition ☐ Delete TITLE NAME. 9000031-82749=----NAME STREET ADDRESS -03/24/00---01047--026 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP *****<u>\$</u>Ü.ÜD *****50.00<u>-</u> Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAMÉ: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Leonard J. Fries

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

SIGNATURE:

<u>3/3/00 904-437-3787</u>