2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009189



FILED Mar 20, 2003 8:00 am Secretary of State

VBP AT BELLE TERRE, L.L.C.						03-20-2003 90040 006 ****50.00				
Principal Place of Business 2275 EAST MOODY BLVD BUNNELL FL 32110		Mailing Address 2275 EAST MOODY E BUNNELL FL 32110	2275 EAST MOODY BLVD							
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		. CHECK HERE IF MAKING CHANGES					
City & State		. City & State	City & State		4. FEI Numbe	22-3702697	-		oplied For	
Zip Country		Zip	Country		5. Certificate	of Status Desired		\$5.00 Add	ditional	
	6. Name and Address	s of Current Registered Agent			7. Name and	Address of New Re	gistered /	\gent		
EDII	ES, LEONARD J			Name						
227	5 EAST MOODY BLVD NNELL FL 32110		5		P.O. Box Number	r is Not Acceptable)				
									}	
			С				FL	Zip Codi	ł	
the obligat	tions of registered agent.	statement for the purpose of changin				n, in the State of Florid	da. Tam f	amiliar with, i	and accept	
	Signature, typed or printed name of	registered agent and title if applicable.	(NOTE: Registered A	Agent signature required	when reinstating)		DATE			
		FILI Make Check Pa	E NOW!!! FE eyable to Flor Due By May	ida Departmei	nt of State					
9.	MANAG	ING MEMBERS/MANAGERS	10.			ADDITIONS/C	HANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIES, LEONARD J 2275 EAST MOODY I BUNNELL FL 32110	□ Delete	TITLE NAME STREET CITY-S	ADDRESS 1-zip	•		·	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET CITY-SI	ADDRESS T-ZIP	•		,	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete-	NAME	ADORESS	-		-	Change.	_ Addition _	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST	ADDRESS 1- ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET / CITY-ST	ADDRESS I-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET A CITY-ST	l l				☐ Change	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.