

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 25, 2000 08:00 AM
Secretary of State

DOCUMENT # L99000009210

1. Entity Name
VICKI L. HEALY, L.L.C.

Principal Place of Business 2317 S.W. 51ST STREET CAPE CORAL FL 33914	Mailing Address 2317 S.W. 51ST STREET CAPE CORAL FL 33914
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2. Principal Place of Business 1401 KIMDALE ST Suite, Apt. #, etc.	3. Mailing Address 1401 KIMDALE ST Suite, Apt. #, etc.
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City & State LEHIGH ACRES FL	City & State LEHIGH ACRES FL
Zip 33936	Country

4. FEI Number 65-0940361	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVIS THOMAS JJR.
4575 VIA ROYALE, SUITE 206

FT. MYERS FL US

7. Name and Address of New Registered Agent

Name
DAVIS THOMAS JJR.
Street Address (P.O. Box Number is Not Acceptable)
150 ALHAMBRA CIRCLE
SUITE 1260
City
CORAL GABLES FL Zip Code
33134

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 _____ DATE 05/25/2000
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 ANDERSON FRED JTRUSTEE 1401 KIMDALE STREET LEHIGH ACRES FL 33936 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEALY VICKI L 2317 S.W. 51ST STREET CAPE CORAL FL 33914 <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	<input 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
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.