DOCU 1. Entity Nam			1	(UDR)		·		•	
VESTCO	R PARTNERS XXVIII, INC.					FILE			
Principal Place of Business Malling Address					\dashv	01 JAN 22 PM 2: 02			
3020 HARTLEY RD #300 JACKSONVILLE FL 32257		3020 HARTLEY RD #300 JACKSONVILLE FL 32257				SECRETARYOF STATE FALLAHASSEE FLORIDA			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. F	4. FEI Number Applied For S9–3673872 Not Applicable			
Zip	Country	Zip	Zip Country		5 . C	Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current R	egistered Agent			7. N	lame and Address of New Register	· · · · · · · · · · · · · · · · · · ·	eu .	
OMEN DEPARTS F				Name					
3020	TH, BERNARD E HARTLEY RD., #300 KSONVILLE FL 32257			Street Addres	ss (P.O. B	ox Number is Not Acceptable)			
				City		F	Zip Cod	e	
8. The above	named entity submits this statement for t	the purpose of changing its re	egistere	I ed office or regi	stered age	ent, or both, in the State of Florida.			
CICNIATURE									
SIGNATURE .	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: F	Registere	d Agent signature req	uired when re	instating) DAT	E		
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			3	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
11.	OFFICERS AND D	IRECTORS	12.		ADI	DITIONS/CHANGES TO OFFICERS A			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROOD, JOHN D 3020 HARTLEY RD., #300 JACKSONVILLE FL 32257	☐ Delete					☐ Change	Addition 8	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONOTION TELEVISION	☐ Delete		1	302	RNARD E. SMITH 0 HARTLEY ROAD, SUITE 300 CKSONVILLE, FLORIDA 32257	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			302	ISTEN K. PACKARD 0 HARTLEY ROAD, SUITE 300 CKSONVILLE, FLORIDA 32257	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Defete		1		- 000003562 -01/22/01 ***2540.00	01091-0 ****15	14 ************************************	
TITLE NAME STREET ADDRESS		☐ Delete		I			. Change	☐ Addition	
indicated of the cor changed	certify that the information supplied with the on this report or supplemental report is the proration or the receiver or trustee empow, or on an attachment with an address, with an address, with an address.	rue and accurate and that my vered to execute this report as	he exe	mption stated in ture shall have t red by Chapter Bernard	he same l	egal effect as if made under oath; the da Statutes: and that my name appear	at I am an officei ire in Block 11 o	or director	
SIGNAT	URE: (MINO) SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER OF	DI DI	vice P	iesiaent	Dàte	Daytime Phone #		