2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Apr 10, 2006 08:00 AM Due By May 1, 2006 **Secretary of State** DOCUMENT # A00000001003 VIBA INVESTMENTS LIMITED PARTNERSHIP Principal Place of Business Mailing Address 781 CRANDON BOULEVARD, UNIT 1103 30775 S. BAINBRIDGE RD. KEY BISCAYNE, FL 33149 STE. 210 U00000500904 SOLON, OH 44139 200<u>...0</u>0 01262006 No Chg-LP CR2E003 (11/05) 4. FEI Number Applied Far 65-1004682 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent SULZBERGER, ERIC W 1090 KANE CONCOURSE, SUITE 201 BAY HARBOR ISLANDS, FL 33154 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. I am lamitter with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and liftle if applicable. DATE FILE NOW!!! FEE 15 \$500.00 After May 1, 2006, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. DOCUMENT # MAME BAILYS, BRIAN STREET ADDRESS 30775 BAINBRIDGE RD, #210 CITY-ST-ZIP SOLON, OH 44139 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT & NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP расимилл / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Direpter 620, Florida Statutes.

SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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NAME STREET ADDRESS CITY-ST-ZIP

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