2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A0000001003

VIBA INVESTMENTS LIMITED PARTNERSHIP



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

781 CRANDON BOULEVARD, UNIT 1103

KEY BISCAYNE, FL 33149

Mailing Address

30775 S. BAINBRIDGE RD.

STE. 210

SOLON, OH 44139



DO NOT WRITE IN THIS SPACE

04032008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-1004682

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SULZBERGER, ERIC W 1090 KANE CONCOURSE, SUITE 201 BAY HARBOR ISLANDS, FL 33154

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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 familiar with, and accept the obligations of registered agent.				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable		DATE	
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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.				
12.	GENERAL PARTNER INFORMATION			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	BAILYS, BRIAN 30775 BAINBRIDGE RD, #210 SOLON, OH 44139		000000884148 04/17/08-80032-011	500.00
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·

DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP 14. I hereby certify that the information supplied with this bling 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 ther 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 the cut of this report as required by Chapter 620, Florida Statutes

SIGNATURE:

DOCUMENT # NAME

STREET ADDRESS CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER