


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
2005 APR 15 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000000087 1. Entity Name VWS LIMITED PARTNERSHIP NO. TWO, LLLP	
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Principal Place of Business 6900 S.E. GOLFHOUSE ROAD HOBE SOUND, FL 33455	Mailing Address 6900 S.E. GOLFHOUSE ROAD HOBE SOUND, FL 33455
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 37710 PINWOOD CT Suite, Apt. #, etc.
City & State	City & State MAGNOLIA, TX
Zip	Zip 77354

03282005	Chg-LP	CR2E003 (10/03)
4. FEI Number 04-3632282	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent BRANT, ABRAHAM, REITER & MCCORMICK, P.A. 50 NORTH LAURA STREET, SUITE 2750 JACKSONVILLE, FL 32202	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
	FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$7,150,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	13. ADDRESS CHANGES ONLY
DOCUMENT # L01000022118 NAME VWS MANAGEMENT ENTERPRISES, LLC STREET ADDRESS 6900 S.E. GOLFHOUSE ROAD CITY-ST-ZIP HOBE SOUND, FL 33455	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; font-weight: bold;"> 600054019676 05/06/05--01080--004 **526.25 </div>
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STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: S. Andrew Shiel, V.P. VWS MANAGEMENT ENT, LLC, GENERAL PARTNER
S. ANDREW SHIEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 3-28-05 Daytime Phone # 281-356-4645