


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

00125395 AT

DOCUMENT # A02000000087

1. Entity Name
VWS LIMITED PARTNERSHIP NO. TWO, LLLP



FILED

03 JUN -9 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
6900 S.E. GOLFHOUSE ROAD
HOBE SOUND FL 33455

Mailing Address
6900 S.E. GOLFHOUSE ROAD
HOBE SOUND FL 33455

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
04-3632282

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DUE BY MAY 1, 2003

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 _____

9. Capital Contributions as Shown on record. **\$7,150,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **7,147,500**

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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	STREET ADDRESS	
NAME	VWS MANAGEMENT ENTERPRISES, LLC	CITY-ST-ZIP	
STREET ADDRESS	6900 S.E. GOLFHOUSE ROAD		
CITY-ST-ZIP	HOBE SOUND FL 33455		
DOCUMENT #		STREET ADDRESS	480017544294
NAME		CITY-ST-ZIP	04/30/03--01023--024 **526.25
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STREET ADDRESS			
CITY-ST-ZIP			

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.

VWS (Vincent W. Shih) President of Sole Member

SIGNATURE: SIGNATURE REQUIRED *Green Peter* **4/30/03** **772 546 8128**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)