


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
May 04, 2004 08:00 AM
Secretary of State**

DOCUMENT # A02000000560

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



Principal Place of Business: 6900 SE GOLFHOUSE ROAD, HOBE SOUND, FL 33455
Mailing Address: 6900 SE GOLFHOUSE ROAD, HOBE SOUND, FL 33455

2. Principal Place of Business Suite, Apt #, etc.
3. Mailing Address Suite, Apt #, etc.

City & State

Zip Country

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: \$3,123,300.00
10. Amount of Capital Contributions in FLORIDA to date.

**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 #	VWS MANAGEMENT ENTERPRISES, LLC	STREET ADDRESS	
NAME	6900 SE GOLFHOUSE ROAD	CITY-ST-ZIP	
STREET ADDRESS	HOBE SOUND, FL 33455		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			



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4. FEI Number: 04-3633183
Applied For: Not Applicable

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

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: *[Signature]* Sole member VWS Management Ent. LLC General Partner
Date: 4/28/04 Daytime Phone #: 772 5468128