



**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 FEB 15 AM 3:14

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>1. Name of Limited Partnership</b>  VRG-MARSH ASSOCIATES, LTD.		<b>1a. DOCUMENT #</b> <b>A94000000416</b>  <i>99-AR CM</i>			
<b>Mailing Address</b>  1055 GRAND ISLE DRIVE NAPLES FL 34108		<b>Principal Office Address</b>  1055 GRAND ISLE DRIVE NAPLES FL 34108		<b>3. Date Formed or Registered</b> 03/30/1994	
<b>2. Mailing Address</b>		<b>2a. Principal Office Address</b>		<b>3a. Date of Last Report</b> 12/05/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. State or Country of Formation</b> FL	
City & State		City & State		<b>5a. Capital Contributions as Shown on record.</b> \$1,300,000.00	
Zip Country		Zip Country		<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>	
City & State		City & State		<b>6. FEI Number</b> 65-0477316	
Zip Country		Zip Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		<b>7. Certificate of Status Desired</b>	
Zip Country		Zip Country		<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b>  PRIMEAU, RICHARD G 1055 GRAND ISLE DR. NAPLES FL 34108		<b>10. If changed, new Registered Agent/Office</b>	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable) 200002784382--8	
Suite, Apt. #, etc.		Suite, Apt. #, etc. -02/23/99--01045--010	
City		City ***526.25 ***526.25	
Zip Code		Zip Code FL	

**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b>  PD PARTNERS		<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  1055 GRAND ISLE DR.		<b>11b. City, State &amp; Zip Code</b>  NAPLES FL 34108		<b>11c. Registrar/Document Number</b>  GP9800000346	
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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Richard Primeau, partner DATE 12-28-98  
 Typed or Printed Name of General Partner Signing Form RICHARD PRIMEAU Daytime Telephone Number 941-566-2000

CR2E003 (8/98)