

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A94000000416
 1. Entity Name
VRG-MARSH ASSOCIATES, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 FEB 18 PM 1:05

Principal Place of Business
 1055 GRAND ISLE DRIVE
 NAPLES FL 34108

Mailing Address
 1055 GRAND ISLE DRIVE
 NAPLES FL 34108-3324



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

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

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0477316**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
PRIMEAU, RICHARD G
1055 GRAND ISLE DR.
NAPLES FL 34108

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,300,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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

DOCUMENT #	GP9800000346
NAME	PD PARTNERS
STREET ADDRESS	1055 GRAND ISLE DR.
CITY - ST - ZIP	NAPLES FL 34108
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	100003158321--3
CITY - ST - ZIP	03/06/00 - 01096 - 019 ***376.25 ***376.25
STREET ADDRESS	<i>mf 2/28/00</i>
CITY - ST - ZIP	
STREET ADDRESS	100003158321--3
CITY - ST - ZIP	-03/06/00--01096--020 ***158.75 ***158.75
STREET ADDRESS	
CITY - ST - ZIP	
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

SIGNATURE: **SIGNATURE REQUIRED** *CHERYL DEERING* 941-566-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date 1-29-00 Daytime Phone #

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