2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Apr 27, 2007 08:00 AM Secretary of State

1. Entity Name	# A9500000 VO PARTNERS, L'			Secretary of Star	
Principal Place of Business 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602		Mailing Address 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602			
2. Principal Place of Busi	iness - No P.O. Box#	3. Mailing Address		—	
Suite, Apt #. etc		Suite, Apt. #, etc		04042007 Chg-LP CR2E003 (12/06)	
City & State		City & State		4. FEt Number Applied For	
Zip	Country	Zip	Country	59-3369952 Not Applicable 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
· 6. Nam	e and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent	
STOREY, BRENDA H			Name		
655 NORTH FRANKLIN STREET, SUIT TAMPA, FL 33602		E 2200	Street Addres	is (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
8. The above named enti- the obligations of regis		or the purpose of changing	j its registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE					
Signature, typei	d or printed nume of registered ager		.	DATE	
	FILE NO After May 1,	Will FEE IS \$500.00 2007, Fee will be \$9) 900.00		
				STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.	GENERAL PARTNE		13.	ADDRESS CHANGES ONLY	
STREET ADDRESS 655 NOR	· ·		CITY-ST-ZIP	U00000733282	
DOCUMENT # NAME			STREET ADDRESS	05/14/07-80021-002 500.	
STREET ADDRESS CITY-SI-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
CITY-ST-ZIP DOCUMENT #			CITY-S1-ZIP		
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS			CITY-S1-ZIP STREET ADDRESS		
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #			CITY-S1-ZIP SIREEI ADDRESS CITY-SI-ZIP		
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME. STREET ADDRESS			CITY-S1-ZIP SIREET ADDRESS CITY-S1-ZIP STREET ADDRESS		
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME. STREET ADDRESS CITY-ST-ZIP DOCUMENT #			CITY-S1-ZIP SIRLEI ADDRESS CITY-S1-ZIP STREET ADDRESS CITY-S1-ZIP		
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that II indicated on this repo	ort is true and accurate an Jee empowered to execut	d that my signature shall ha a this report as required by	CITY-S1-ZIP SIREEI ADDRESS CITY-S1-ZIP STREET ADDRESS CITY-S1-ZIP SIREET ADDRESS CITY-S1-ZIP SIREET ADDRESS CITY-S1-ZIP (by for the exemptions contained the same legal effects as increased and statute		
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that II indicated on this repo	ort is true and accurate an Jee empowered to execut	d that my signature shall ha	CITY-S1-ZIP SIREEI ADDRESS CITY-S1-ZIP STREET ADDRESS CITY-S1-ZIP SIREET ADDRESS CITY-S1-ZIP SIREET ADDRESS CITY-S1-ZIP (by for the exemptions contained the same legal effects as increased and statute	if made under oath; that I am a General Partner of the limited partnership	