2002 UNIFORM BUSINESS REPORT (UBR)

0011316 AT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR -1 PM 2:20

DOCUMENT # A98000001365

1. Entity Name

OASIS VCG, LTD.

Principal Place of Business	Mailing Address
2400 SW 115 TERR. DAVIE FL 33325	2400 SW 115 TERR. DAVIE FL 33325

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 65-0854167 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SILVA, VICENTE A 2400 SW 115 TERR. DAVIE FL 33325	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.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$492,389.01	438,389.01	

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 # NAME STREET ADDRESS CITY-ST-ZIP	SILVA, VICENTE A 10051 PINES BLVD., SUITE B PEMBROKE PINES FL 33024	STREET ADDRESS CITY-ST-ZIP	700 N. HIATUS ROAD, SUITE 211 PEMBROKE PINES, FLORIDA 33026
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MURPHY, CAROL A 15485 EAGLE NEST LANE, SUITE 120 MIAMI FL 33014-2221	STREET ADDRESS CITY-ST-ZIP	600 N. HIATUS ROAD, SUITE 211 PEMBROKE PINES, FLORIDA 33026
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	700005064027--8 -03/07/02--01043--007 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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CR2E003 (9/01)

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: VICENTE A. SILVA 2/25/02 954-437-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #