# 2005 LIMITED PARTNERSHIP ANNUAL REPORT
## Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 31 AM 11:05

DOCUMENT # A00000000480

1. Entity Name
RICHARDS CAPITAL, LTD.

| Principal Place of Business | Mailing Address |
|---|---|
| 13271 SW 57 COURT<br>MIAMI, FL 33156 | 13271 SW 57 COURT<br>MIAMI, FL 33156 |

01052005 Chg-LP CR2E003 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 6440 SW 85 ST | PO Box 1689 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI, FL | City & State: MIAMI FL |
| Zip: 33143 Country: US | Zip: 33156 Country: US |

4. FEI Number: 65-0998985 ☐ 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 |
|---|---|
| RICHARDS, VICTOR M<br>13271 SW 57 COURT<br>MIAMI, FL 33156 | Name: Victor Richards<br>Street Address (P.O. Box Number is Not Acceptable): 6440 SW 85 ST<br>City: MIAMI FL Zip Code: 33143 |

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: Victor Richards VICTOR RICHARDS 3-8-05
Signature, typed or printed name of registered agent and title if applicable. DATE

| 9. Capital Contributions as Shown on record. | 10. Amount of Capital Contributions in FLORIDA to date. |
|---|---|
| $4,819,880.00 | |

**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 # | P00000020004 | STREET ADDRESS | 6440 SW 85 ST |
| NAME | VSH CAPITAL, INC. | CITY-ST-ZIP | MIAMI, FL, 33143 |
| STREET ADDRESS | 13271 SW 57 COURT | | |
| CITY-ST-ZIP | MIAMI, FL 33156 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | 400050034844 |
| STREET ADDRESS | | | 04/06/05 01056 012 **526.25 |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| NAME | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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 3/8/5

**SIGNATURE:** Victor Richards VICTOR RICHARDS 305 665 4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #