## 2002 UNIFORM BUSINESS REPORT (UBR)

|   | 40000  | 0000040      |              | 10011,   | 7   |                  |                               |
|---|--|--------------|--------------|--|---|------------------|-------------------------------|
| DOCUMENT # A000000948  1. Entity Name   |  |              |              |  | FILED   |                  |                               |
| VCP-HUNTER'S CREEK, LTD.  |  |              |              |  | 02 MAY -1 PM 6:46   |                  |                               |
| Principal Place of Business Mailing Address 3020 HARTLEY ROAD, SUITE 300 3020 HARTLEY ROAD, SUITE   |  |              |              | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA         |   |                  |                               |
| JACKSONVILLE FL 32257 JACKSONVILLE FL 32257   |  |              |              |  |   |                  |                               |
|   |  |              |              |  |   |                  |                               |
| Principal Place of Business     Amailing Address  |  |              |              |  | - I ARBIDEN HOLK CONEN OCH IK CONEN CONEC |                  |                               |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |  |              |              |  | DUE BY MAY 1, 2002  |                  |                               |
| City & Sta  | te   | City & State | City & State |  |   | 50276            | Applied For<br>Not Applicable |
| Zip .   | Country  | Zip          | Zip Count    |  | 5. Certificate of Status Desired \$8.75 Additional Fee Required   |                  |                               |
| 6. Name and Address of Current Registered Agent 13  |  |              |              | 7. Name and Address of New Registered Agent        |   |                  |                               |
| MARRELL, MARK T   |  |              |              | Name   |   |                  |                               |
| 3020 HARTLEY ROAD; SUITE 300  |  |              |              | Street Address (P.O. Box Number is Not Acceptable) |   |                  |                               |
| JACKSONVILLE FL 32257   |  |              |              |  |   |                  |                               |
| And a second of the second of |  |              |              | 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 Signature, typed or printed name of registered agent and title if applicable.   |  |              |              |  |   |                  |                               |
| 9. Capital Contributions as Shown on record.  \$6,000.00  10. Amount of Capital Contributions in FLORIDA to date.   |  |              |              |  | 11. MAI   | CE CHECK PAYABLE | TO DEPT. OF STATE             |
| 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 #<br>NAME  | VCP-HUNTER'S CREEK, LLC 3020 HARTLEY ROAD, SUITE 300   |              |              | T ADDRESS  |   |                  |                               |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |              |              | ST-ZIP   |   |                  |                               |
| DOCUMENT #  | - NRT  |              | STREE        | ET ADDRESS   |   |                  |                               |
| STREET ADDRESS  |  |              |              | CT 7ID   |   |                  |                               |
| CITY-ST-ZIP   | 113-51-3095Y   |              |              | CITY-ST-ZIP  |   |                  |                               |
| NAME  |  |              |              | T ADDRESS  | 7000055097870   |                  |                               |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |              | CITY-        | ST-ZIP   | ****141.25 ****141.25   |                  |                               |
| DOCUMENT #<br>NAME  |  |              | STREE        | T ADDRESS  |   |                  |                               |
| STREET ADDRESS<br>CITY-ST-ZIP   | \$5,000.00   |              |              | ST-ZIP   |   |                  |                               |
| DOCUMENT #<br>NAME  |  |              | STREE        | T ADDRESS  |   |                  |                               |
| STREET ADDRESS<br>CITY-ST-ZIP   | 1.00 to 1.00 1.00 to 1 |              |              | ST-ZIP   | · · ·   |                  |                               |
| DOCUMENT #<br>NAME  | TO A HAPFLEY BOAD, SUITE 390<br>TO A-WOULE FL 19887  |              |              | T ADDRESS  |   |                  |                               |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |              | _i           | 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Date

(904) 260-3030