2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED Apr 30, 2005 08:00 AM - Secretary of State

Pincipal Place of Eucliness	1. Entity Nan	MENT # A0000000	0948				Secretar	y of State
2. Principal Pace of Suspices  Suite, ADI P. etc.  Suite, ADI P. e	3020 HARTL	EY ROAD, SUITE 300	3020 HARTLEY ROAD, SUITE 300					
Suite	JACKSONVILI 	.E, FL 3225/	IAGKSONVILLE, FL	32251		) 1 Indecedia cera modili decidi diologi di	ANT BANK KARNI KANT MATER	TRINI MINTAN LOCKECK DV COLEK
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S. Certificate of Status Desired  S. Certificate of Status Desired  S. Certificate of Status Desired  Far Required  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Stroet Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entry submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Florida.  In the obligations of registered agent, or both, in the State of Florida.  In the obligations of registered agent, or both, in the State of Florida.  In the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent, or both, in	City & Stat	e -	City & Slate			1		<del></del>
FARRELL MARK T 3020 HARTLEY ROAD, SUITE 300 JACKSONVILLE, FL 32257  City  FL  City  FL  Zip Code  8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florada. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florada. I am familiar with and accept the obligations of registered agent, or both, in the State of Florada. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florada. I am familiar with and accept the obligations of registered agent, or both, in the State of Florada. I am familiar with and accept the obligations of registered agent, or both, in the State of Florada. I am familiar with and accept the obligations of registered agent, or both, in the State of Florada. I am familiar with and accept the obligations of registered agent, or both, in the State of Florada. I am familiar with and accept the obligations of registered agent, or both, in the State of Florada. I am familiar with and accept the obligations of registered agent, or both, in the State of Florada. I am familiar with and accept the obligations of registered agent, or both, in the State of Florada. I am familiar with and accept the obligations of registered agent, or both, in the State of Florada. I am familiar with and accept the obligations of registered agent, or both, in the State of Florada. I am familiar with and accept the obligations of registered agent, or both, in the State of Florada. I am familiar with and accept the obligations of registered agent, or both, in the State of Florada. I am familiar with and accept the obligations of registered agent, or both, in the State of Florada. I am familiar with and accept the obligations of registered agent, or both, in the State of Florada. I am familiar with and accept the obligations of registered agent, or both, in the State of Florada. I am familiar with and accept the control of Florada. I am familiar with and	Zip	·		Coun	try	5. Certificate of Status Des	red 🗆 \$8	3.75 Additional e Required
FARRELL, MARK T JACKSONVILLE, FL 32257  City FL Zo Code  8. Time 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida.  CITY - C		6. Name and Address of Curren	Registered Agent	<u></u>	Namo	7. Name and Address of N	lew Registered Age	ent
8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  9. Capital Contributions	3020 HARTLEY ROAD, SUITE 300							
the obligations of registered agent,  SIGNATURE  9. Capital Contributions as Shown or record.  \$6,000.00  10. Amount of Capital Contributions in PLORIDA to date.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: Contral Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DODUBLI I MAKE  VCP-HUNTER'S CREEK, LLC  SIREIT ADDRESS  CITY-SI-2P  DODUBLI I MAKE  SIREIT ADDRESS  CITY-SI-2P  CITY-SI-2				1	City		FL	Zıp Code
9. Capital Contributions as Shown on record.  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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOCUMENT / NAME SIFECT ADDRESS CHANGES ONLY  SIFECT ADDRESS CHANGES ONLY  SIFECT ADDRESS CHANGES ONLY  SIRECT ADDRESS CHANGES CHANGES ONLY  SIRECT ADDRESS CHANGES CHANG	8. The above the obligat	named entity submits this statement for its statement for some of registered agent.	or the purpose of changing	j its registere	ed office or register	ed agent, or both, in the State	of Florida I am fam	uliar with, and accept
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.	SIGNATURE .	Signature, typed of printed name of registered agent	and title if applicable.				CATE	
12.   GENERAL PARTNER INFORMATION   13.   ADDRESS CHANGES ONLY					putions			
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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	CITY-ST-ZIP					<u> </u>		