
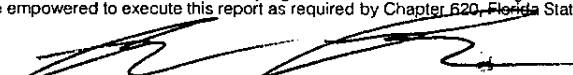


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 APR 19 PM 2:13

<b>DOCUMENT # A0000001003</b>				
1. Entity Name VIBA INVESTMENTS LIMITED PARTNERSHIP				
Principal Place of Business 781 CRANDON BOULEVARD, UNIT 1103 KEY BISCAYNE, FL 33149		Mailing Address 139 BELL STREET, #313 CHAGRIN FALLS, OH 44022		
2. Principal Place of Business		3. Mailing Address 30775 Bainbridge Road		
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 210		
City & State		City & State Solon, Ohio		
Zip	Country	Zip	Country	4. FEI Number 65-1004682
		44139	Cuyahoga	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
SULZBERGER, ERIC W 1090 KANE CONCOURSE, SUITE 201 BAY HARBOR ISLANDS, FL 33154			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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
9. Capital Contributions as Shown on record. \$15,195,000.00		10. Amount of Capital Contributions in FLORIDA to date. 15,195,000.00		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>				
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	BAILYS, BRIAN		STREET ADDRESS	30775 Bainbridge Road, #210
NAME	139 BELL STREET, #313		CITY-ST-ZIP	Solon, Ohio 44139
STREET ADDRESS	CHAGRIN FALLS, OH 44022			
CITY-ST-ZIP				
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT #			STREET ADDRESS	300035819123
NAME			CITY-ST-ZIP	05/10/04--01067--011 **\$26.25
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CITY-ST-ZIP				
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				
CITY-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: 			Date	4-15-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date	Daytime Phone #

STAPLE CHECK HERE