
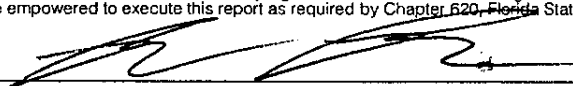


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 19 PM 2:13

DOCUMENT # A00000001003			
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 Cuyahoga
44139		44139	
4. FEI Number 65-1004682		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent SULZBERGER, ERIC W 1090 KANE CONCOURSE, SUITE 201 BAY HARBOR ISLANDS, FL 33154		7. Name and Address of New Registered Agent 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	
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 #	BAILYS, BRIAN 139 BELL STREET, #313 CHAGRIN FALLS, OH 44022	STREET ADDRESS	30775 Bainbridge Road, #210 Solon, Ohio 44139
NAME			
CITY-ST-ZIP			
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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 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		Daytime Phone #	