


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

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001003

1. Entity Name
VIBA INVESTMENTS LIMITED PARTNERSHIP



Principal Place of Business
781 CRANDON BOULEVARD, UNIT 1103
KEY BISCAWAYNE, FL 33149

Mailing Address
30775 S. BAINBRIDGE RD.
STE. 210
SOLON, OH 44139



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01062005 Chg-LP CR2E003 (10/03)

City & State

4. FEI Number
65-1004682

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. 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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$15,195,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 #
NAME BAILYS, BRIAN
STREET ADDRESS 30775 BAINBRIDGE RD, #210
CITY-ST-ZIP SOLON, OH 44139

STREET ADDRESS
CITY-ST-ZIP
**U000000185226
01/21/05-80007-022 526.25**

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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

STAPLE CHECK HERE

SIGNATURE: _____ DATE: **1/13/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER