


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 02, 2007 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**

DO NOT WRITE IN THIS SPACE



01232007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-1004682	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

DO NOT WRITE IN THIS SPACE

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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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

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

DO NOT WRITE IN THIS SPACE

000000619202
 02/08/07-80061-012-500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 699, Florida Statutes

SIGNATURE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____