

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED


2007 APR 17 AM 10:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01042007 No Chg-LP CR2E003 (12/06)

DOCUMENT # A00000001400
 1. Entity Name
 VACLAN, LTD.



Principal Place of Business: 1350 EAST NEWPORT CENTER DRIVE, SUITE 206, DEERFIELD BEACH, FL 33442
 Mailing Address: 1350 EAST NEWPORT CENTER DRIVE, SUITE 206, DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1040274	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KAY, JAMES R ESQ
 KAY LAW OFFICES
 700 VILLAGE SQUARE CROSSING., STE 102B
 PALM BEACH GARDENS, FL 33410

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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 #	A00000001399
NAME	FLATAUR VL, LTD.
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE, SUITE 206
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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DO NOT WRITE IN THIS SPACE

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 620, Florida Statutes

SIGNATURE: Linda Karnof Date: 4.4.07 Daytime Phone #: 954428-4585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER