2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name VCP-TIVOLI, LTD.					FILED	
					02 MAY -1 PM 6: 47	
Province Division I					SECRETARY OF STATE	
Principal Place of Business 3020 HARTLEY ROAD. SUITE 300 JACKSONVILLE FL 32257 Mailing Address 3020 HARTLEY ROAD. S JACKSONVILLE FL 32257					TALLAHASSEE, FLORIDA	
2. Principal Place of Business 3. Mailing Address				,	T TORTHAIN THEIR BONNE	
Suite, Apt. #, etc. Suite, Apt. #, etc.				=	DUE BY MAY 1, 2002	
City & State City & State			-		4. FEI Number S9-3677716 Applied For	
Zip Country		Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent	Ц	T	7. Name and Address of New Registered Agent	
B. Want had been had a straight at the second			Name		The state of the s	
FARRELL, MARK T 3020 HARTLEY ROAD, SUITE 300				Street Address (P.O. Box Number is Not Acceptable)		
JACKSO				·		
				City	FL Zip Code	
SIGNATURE			s registere	ed office or regi	stered agent, or both, in the State of Florida.	
9. Capital Contributions as Shown on record. \$100,000,100.00 10. Amount of Capital in FLORIDA to da				outions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS EN	NTITY M	UST BE REG	SEE REVERSE SIDE FOR FEE INFORMATION ISTERED AND ACTIVE WITH THIS OFFICE. tent must be filed to change a general partner.	
12.	GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
OOCUMENT# KAME	L00000012880 VCP-TIVOLI, LLC			ET ADDRESS	3 1311 1 1 1 3	
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		
DOCUMENT # IAME TREET ADDRESS	CONTRACTOR SERVICE DATE OF CONTRACTOR CONTRA		STREE	T ADDRESS	2000055033227 -05/10/0201066024	
ITY-ST-ZIP			CITY-	ST-ZIP	****\$25.25 ****\$525.25	
OCUMENT # IAME			STREE	T ADDRESS		
TREET ADDRESS ITY-ST-ZIP		, in the second	CITY-	ST-ZIP		
OCUMENT # AME			STREE	T ADDRESS		
TREET ADDRESS ITY-ST-ZIP	SS U.1.40,70,0,120,00			ST-ZIP		
OCUMENT# AME &:			STREE	T ADDRESS		
TY-ST-ZIP (2015年)			CITY-S	ST-ZIP		
OCUMENT / AME SET SON SET SET SON SET SON SET SET SON SET SON SET SET SON SET SET SON SET SET SET SON SET		70	STREET	T ADDRESS		
TY-ST-ZIP			City-s		·	
 I hereby co- indicated of the receive 	ertify that the information supplied with on this report is true and accurate and er or trustee empowered to execute th	n this filing does not qualify for I that my signature shall have t is report as required by Chapt	the exem the same l ter 620, Fi	ption stated in S legal effect as if orida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or	

SIGNATURE: SIGNATURE ADDITION OF PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Date

(904) 260-3030