2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)						1750.00/			
DOCUMENT # A0000001792 1. Entity Name									
VESTCOR FUND XXX, LTD.					FILED				
					01 JAN 22 PM 2: 39				
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
3020 HARTLEY RD SUITE 300 JACKSONVILLE FL 32257		3020 HARTLEY RD SUITE 300 JACKSONVILLE FL 32257		e 10010111 e					
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SF	ACE .			
City & State City & State					4. FEI Number	59-3682886		Applied For Not Applicable	
Zip	Country Zip		Cour	otry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
VESTCOR PARTNERS XXX INC				Name Street Address (P.O. Box Number is Not Acceptable)					
3020 HARTLEY RD									
SUITE 300 JACKSONVILLE FL 32257				City	ity Zip Code				
					FL '				
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.									
SIGNATURE Signature type	d or printed name of registered agent a	od title if applicable (NOTF:	Renistere	d Agent signature required	when reinstation)		DATE		
Capital Contributions as Shown on record. Syg.90 10. Amount of Capital Contributions in FLORIDA to date.					11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
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					ADDRESS CHANGES ONLY				
NAME VESTOO	P00000109015 /ESTCOR PARTNERS XXX INC			EET ADDRESS					
STREET ADORESS 3020 HAI JACKSOI	020 HARTLEY RD ACKSONVILLE FL 32257		CITY	-ST-ZIP	0000036540706				
DOCUMENT ≠ NAME	ADDRESS			ET ADDRESS	***2785.00 ****150.00				
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP					
DOCUMENT # NAME	,		STRE	ET ADDRESS	13/1				
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		,			
DOCUMENT ≠ NAME			STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP		-			
DOCUMENT # NAME			STRE	ET ADDRESS			-		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			-		
DOCUMENT # NAME CTREET APPRECE			STRE	ET ADORESS					
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP 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), Fiorida 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:

Daytime Phone #