

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 MAR 19 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A01000000025</b> 1. Entity Name <b>V &amp; M INVESTMENTS, LTD.</b>					
Principal Place of Business <b>9806 PINES BLVD.          PEMBROKE PINES, FL 33024</b>				Mailing Address <b>9806 PINES BLVD.          PEMBROKE PINES, FL 33024</b>	
2. Principal Place of Business - No P.O. Box # <b>21005 TAFT ST</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>21005 TAFT ST</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Pembroke Pines Fl</b>		City & State <b>Pembroke Pines Fl</b>		03122007    Chg-LP    CR2E003 (12/06)	
Zip <b>33029</b>		Country <b>BROWARD</b>		4. FEI Number <b>65-1123934</b>	
Zip <b>33029</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LAW OFFICES OF STEVEN GARELLEK, P.A.          700 S. FEDERAL HWY., SUITE 200          BOCA RATON, FL 33432</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b>    Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P00000111495		STREET ADDRESS		
NAME	V & M INVESTMENTS MANAGEMENT, INC.		CITY-ST-ZIP		
STREET ADDRESS	9806 PINES BLVD.		CITY-ST-ZIP		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <b>3/12/07</b> Daytime Phone # <b>(954) 437-9998</b>		

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