

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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|---|--|--|--|------------------------------------|--|
| DOCUMENT # A01000000025 1. Entity Name V & M INVESTMENTS, LTD. | | | | | |
| Principal Place of Business 21005 TAFT ST PEMBROKE PINES, FL 33029 | | | Mailing Address 21005 TAFT ST PEMBROKE PINES, FL 33029 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | |
| 02082008 Chg-LP CR2E003 (12/06) | | | | 4. FEI Number 65-1123934 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent LAW OFFICES OF STEVEN GARELLEK, P.A. 700 S. FEDERAL HWY., SUITE 200 BOCA RATON, FL 33432 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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> | | | | | |
| FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | |
| P00000111495 V & M INVESTMENTS MANAGEMENT, INC. 9806 PINES BLVD. PEMBROKE PINES, FL 33024 | | | V & M Investments, Mgmt. 21005 TAFT ST PEMBROKE PINES, FL 33029 | | |
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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: Mark Vernon Klix **2/19/08** **(931) 437-9998**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #