

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 30 AM 8:24

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # A01000000773

**1. Name of Limited Partnership**

VZ Partners, Ltd.

**2. Principal Office Address**

107 North Beach Road

Suite, Apt. #, etc.

**3. Mailing Office Address**

107 North Beach Road

Suite, Apt. #, etc.

City & State

Hobe Sound, Florida

City & State

Hobe Sound, Florida

Zip

33455

Country

USA

Zip

33455

Country

USA

**8. Name and Address of Current Registered Agent**

Name

Charles E. Muller II

Street Address (P.O. Box Number is Not Acceptable)

7385 Galloway Road

Suite, Apt. #, Etc.

Suite 200

City

Miami

State

FL

Zip Code

33173

**4. Date Formed or Registered**

To Do Business in Florida June 5, 2001

**5. FEI Number**

65-1111029

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 - Additional Fee required  
for a Certificate of Status

**7a. Capital Contributions as shown on Record:**

\$1,000,000

**7b. Amount of Capital Contributions in FLORIDA to date:**

\$1,000,000

**FEES:**

1. Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
2. Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
3. Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

**9.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

*Charles Muller*

DATE

12/12/03

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
VZ Management, Inc.	107 North Beach Road	Hobe Sound, FL 33455	P01000033815
<b>REINSTATEMENT</b>			12/30/03--01040--002 **437.50
			400025853014
			12/30/03--01040--002 **437.50
			600022357646
			08/15/03 01060 007 437.50

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**11.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Christian Nast*

DATE 12-20-03

Typed or Printed Name of General Partner Signing Form

Christian Nast, Pres. of VZ Management, Inc., general partner

Telephone Number 305-670-6770

CR2E039 (10/02)

2082

# MULLER & LEBENSBURGER

Attorneys at Law

Charles E. Muller II  
Brian A. Lebensburger  
of counsel  
Dale A. Heckerling

7385 Galloway Road  
Suite 200  
Miami, Florida 33173  
Telephone: 305-670-6770  
Fax: 305-670-6769

Writer's Direct Extension: 320

December 22, 2003

**Via Certified Mail, Return Receipt Requested**

Division of Corporations  
Attn: Partnership Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **VZ Partners, Ltd.**

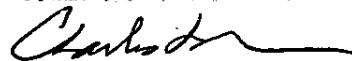
Ladies and Gentlemen:

We have enclosed a Limited Partnership Reinstatement form fully completed and executed for the above-referenced limited partnership along with a check in the amount of \$427.50 representing the filing fee due for the partnership the year 2003.

The partnership did not receive any of the prior notices concerning the filing of the annual report or the fact that the same was past due. Therefore, we respectfully request that you waive the reinstatement fee on behalf of the partnership and reinstate the partnership. Of course, if there are any questions, please do not hesitate to contact me at the above address.

Your attention is greatly appreciated.

Very truly yours,



CHARLES E. MULLER II

CEM:tp

Enclosures: as stated.

C:\Lisa\Nast\Letters\DivCorps-VZPartnersLtd