

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A01000001127**

1. Entity Name  
**VERMILION FAMILY PARTNERSHIP, LLLP**



Principal Place of Business  
**3802 WEST DR. MARTIN LUTHER KING JR. BLVD.**  
**TAMPA, FL 33614**

Mailing Address  
**3802 WEST DR. MARTIN LUTHER KING JR. BLVD.**  
**TAMPA, FL 33614**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

**59-3754119**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**INTRASTATE RESGISTERED AGENT CORPORATION**  
**701 BRICKELL AVE., SUITE 3000**  
**MIAMI, FL 33131-3209**

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

Signature, typed or printed name of registered agent and FRI (if applicable)

DATE

9. Capital Contributions as Shown on record

**\$40,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 # **P01000083240**  
NAME **VERMILION ENTERPRISES, INC.**  
STREET ADDRESS **3802 WEST DR. MARTIN LUTHER KING JR. BLVD.**  
CITY ST ZIP **TAMPA, FL 33614**

STREET ADDRESS

CITY ST ZIP

DOCUMENT #  
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**000000367131**  
**05/16/05-80022-005 526.25**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/28/05**

**813-673-3130**

DAY

DAY AND PHONE #

STAPLE CHECK HERE