LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001675

1. Entity Name

VWS LIMITED PARTNERSHIP, LLLP

DO NOT WRITE IN THIS SPACE

FILED
02 MAY 15 PM 2:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

5/15

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2. Principal Place of Business	3. Mailing Address
6900 S.E. Golfhouse Drive	6900 S.E. Golfhouse Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hobe Sound, FL	City & State: Hobe Sound, FL
Zip: 33455 Country: USA	Zip: 33455 Country: USA

DUE BY MAY 1

4. FEI Number: 04-3632274 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Brant, Abraham, Reiter & McCormick, P.A.

Street Address (P.O. Box Number is Not Acceptable): 50 N. Laura Street, Suite 2750

City: Jacksonville **FL** Zip Code: 32202

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 ____________________ DATE ________

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $10,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. $10,000,000.00

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

DOCUMENT #	L01000022114	STREET ADDRESS	
NAME	VWS Management Enterprises, LLC		
STREET ADDRESS	6900 S.E. Golfhouse Drive	CITY-ST-ZIP	
CITY-ST-ZIP	Hobe Sound, FL 33455		
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CR2E003B (12/01)

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] President VWS Management Enterprises LLC 4/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #