

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 18 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03282005 Chg-LP CR2E003 (10/03)

4. FEI Number 04-3632274 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BRANT, ABRAHAM, REITER & MCCORMICK, P.A.
50 NORTH LAURA STREET, SUITE 2750
JACKSONVILLE, FL 32202

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 _____
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.

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 # L01000022118
NAME VWS MANAGEMENT ENTERPRISES, LLC
STREET ADDRESS 6900 SE GOLFHOUSE ROAD
CITY-ST-ZIP HOBE SOUND, FL 33455

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP
400054038664
05/09/05-01015-007 ***526.25

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CITY-ST-ZIP

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: S. Andrew Shiel, VP VWS MANAGEMENT ENT, LLC, General Partner
S. ANDREW SHIEL 3-28-05 281-756-4645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE