

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 MAR -5 AM 9: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02032007 Chg-LP CR2E003 (12/06)

DOCUMENT # A01000001675		
1. Entity Name VWS LIMITED PARTNERSHIP, LLLP		

Principal Place of Business 6900 SE GOLFHOUSE ROAD HOBE SOUND, FL 33455	Mailing Address 37710 PINWOOD CT MAGNOLIA, TX 77354
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 96 NE 4 Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Delray Beach, FL	
Zip	Country	Zip	Country
		33483	USA

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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 #	L01000022118	STREET ADDRESS	
NAME	VWS MANAGEMENT ENTERPRISES, LLC	CITY - ST - ZIP	
STREET ADDRESS	6900 SE GOLFHOUSE ROAD		
CITY - ST - ZIP	HOBE SOUND, FL 33455		
DOCUMENT #		STREET ADDRESS	400092353714
NAME		CITY - ST - ZIP	03/13/07 01023 027 **500.00
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STREET ADDRESS			
CITY - ST - ZIP			

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: Thomas A. Smith, Pres., Shiel Mgt 2/5/07 (561) 276-7468  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Enterprises, LLC, General Partner

STAPLE CHECK HERE