## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

## FILED Jan 22, 2008 08:00 A Secretary of State

DOCUMENT # A01000001675	റ	CL	<b>IMFN</b>	JT#	A01	00000	1675
-------------------------	---	----	-------------	-----	-----	-------	------

1. Entity Name

VWS LIMITED PARTNERSHIP, LLLP



Principal Place of Business

6900 SE GOLFHOUSE ROAD HOBE SOUND, FL 33455 Mailing Address

96 NE 4 AVENUE

DELRAY BEACH, FL 33483 US



DO NOT WRITE IN THIS SPACE

01082008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 04-3632274

Applied For Not Applicable

5. Certificate of Status Desired

**36.75** Addition:

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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.	

CICNATUR

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

DATE

FILE NOW!!! FEE IS \$500.00 . After May 1, 2008, Fee will be \$900.00 - U00000791823 1/23/08-80088-019 500.0

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 IN NAME STREET ADDRESS CITY-ST-ZIP	L01000022118  VWS MANAGEMENT ENTERPRISES, LLC 6900 SE GOLFHOUSE ROAD HOBE SOUND, FL 33455		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for			

DO NOT WRITE
IN THIS SPACE

14. I hereby certify that the information supplied with this filting 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 his report as required by Chapter 620, Florida Statutes

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

-08 (561) 276-746