

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000000087 1. Entity Name VWS LIMITED PARTNERSHIP NO. TWO, LLLP					
Principal Place of Business 6900 S.E. GOLFHOUSE ROAD HOBE SOUND, FL 33455			Mailing Address 6900 S.E. GOLFHOUSE ROAD HOBE SOUND, FL 33455		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$7,150,000.00		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 #	L01000022118		STREET ADDRESS		
NAME	VWS MANAGEMENT ENTERPRISES, LLC		CITY - ST - ZIP		
STREET ADDRESS	6900 S.E. GOLFHOUSE ROAD				
CITY - ST - ZIP	HOBE SOUND, FL 33455				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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 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: <i>[Signature]</i> Sole member <i>[Signature]</i> Gen Partner VWS Management Enterprises, LLC			4/24/04 772 546 8144 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE



01072004 Chg-LP CR2E003 (10/03)

4. FEI Number **04-3632282** Applied For ☐ Not Applicable ☐

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

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05/10/04-80022-004 526.25