


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

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

DOCUMENT # A0200000087
1. Entity Name
VWS LIMITED PARTNERSHIP NO. TWO, LLLP



Principal Place of Business
**6900 S.E. GOLFHOUSE ROAD
HOBE SOUND, FL 33455**

Mailing Address
**96 NE 4 AVENUE
DELRAY BEACH, FL 33483**



01082008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3632282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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.

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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

UD00000791826
01/23/08-2008-020 500.00

**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	
DOCUMENT #	L01000022118
NAME	VWS MANAGEMENT ENTERPRISES, LLC
STREET ADDRESS	6900 S.E. GOLFHOUSE ROAD
CITY-ST-ZIP	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	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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* President, VWS Management Enterprises LLC
General Partner
THOMAS A. SMITH

Date: **1-9-08** (561) 216-7468
Daytime Phone #