

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 07, 2004 08:00 AM
Secretary of State

| | | | | | |
|--|----------------------|-----|---|--|--|
| DOCUMENT # A02000001451 | | | |  | |
| 1. Entity Name VLV PARTNERS, LLLP | | | | | |
| Principal Place of Business 2300 GLADES RD., STE. 100E BOCA RATON, FL 33431 | | | Mailing Address 2300 GLADES RD., STE. 100E BOCA RATON, FL 33431 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 14-1853838 | |
| | | | | 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 VLV EQUITY, LLC 2300 GLADES RD., STE. 100E BOCA RATON, FL 33431 | | | | 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. \$7,500.00 | | | 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 # | NAME | | STREET ADDRESS | | |
| STREET ADDRESS | VLV EQUITY, LLC | | CITY - ST - ZIP | U000000111312 04/13/04-80011-021 141.25 | |
| CITY - ST - ZIP | BOCA RATON, FL 33431 | | STREET ADDRESS | | |
| DOCUMENT # | NAME | | CITY - ST - ZIP | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| STREET ADDRESS | | | CITY - ST - ZIP | | |
| CITY - ST - ZIP | | | STREET ADDRESS | | |
| DOCUMENT # | NAME | | CITY - ST - ZIP | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| STREET ADDRESS | | | CITY - ST - ZIP | | |
| CITY - ST - ZIP | | | STREET ADDRESS | | |
| DOCUMENT # | NAME | | CITY - ST - ZIP | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | 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:  | | | William R. Greenfield 3/15/04 561-392-6662 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | Date Daytime Phone # | | |

STAPLE CHECK HERE