


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A03000000621</b> 1. Entity Name <b>VREELAND INVESTMENTS, LTD.</b>					
Principal Place of Business <b>1579 ESTUARY TRAIL          DELRAY BEACH, FL 33483</b>			Mailing Address <b>1579 ESTUARY TRAIL          DELRAY BEACH, FL 33483</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04262005    Chg-LP    CR2E003 (10/03)	
4. FEI Number <b>74-3091492</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>VREELAND, NICOLE E          1579 ESTUARY TRAIL          DELRAY BEACH, FL 33483</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code         </div>		
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. <b>\$6,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>\$6,000,000.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P03000043223          VREELAND HOLDINGS, INC.          1579 ESTUARY TRAIL          DELRAY BEACH, FL 33483</b>		STREET ADDRESS CITY - ST - ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
<b>SIGNATURE: <i>Nicole E Vreeland</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<b>4/27/05 581-274-3442</b> <small>Date                      Daytime Phone #</small>		



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