


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

APPROVED
AND
FILED

04 MAY -4 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000761		
1. Entity Name VP PROPERTIES & DEVELOPMENTS, LLLP		
Principal Place of Business 15300 N.W 7TH AVENUE MIAMI FL 33169		Mailing Address 15300 N.W 7TH AVENUE, MIAMI FL 33169
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country



MOORE CR2E003 (11/03)

4. FEI Number 56-2370051		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SIMON, GARY P 9100 S. DADELAND BLVD., SUITE 504 C/O SIMON & SIMON, P.A. MIAMI FL 33156		7. Name and Address of New Registered Agent Name: GABRIEL VOLANTE Street Address (P.O. Box Number is Not Acceptable): 15300 N.W. 7 TH AVENUE City: MIAMI FL Zip Code: 33169	
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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: *Gabriel Volante* DATE: _____

9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	CITY-ST-ZIP
	VOLANTE, GABRIEL		
	15300 N.W 7TH AVENUE		
	MIAMI FL 33169		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	PENZI, NANCY		
	15300 N.W 7TH AVENUE		
	MIAMI FL 33169		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

900036547399
05/18/04 01041-003 **526.25

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: *Gabriel Volante* DATE: 4/28/04 DAYTIME PHONE #: 305 688-9613

STAPLE CHECK HERE