


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 SEP 29 AM 10:13

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.



City & State
 City & State

Zip
 Country

Zip
 Country

06292005 Chg-LP CR2E003 (10/03)

4. FEI Number
56-2370051 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

VOLANTE, GABRIEL
 15300 NW 7TH AVE
 MIAMI, FL 33169

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 _____
Signature of the person who is registered with the state as the registered agent.

9. Capital Contributions as Shown on record. **\$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	VOLANTE, GABRIEL	STREET ADDRESS	REINSTATEMENT 2005 30066670007 10/19/05--01039--002 ***526.25
NAME	15300 N.W 7TH AVENUE	CITY ST ZIP	
STREET ADDRESS	MIAMI, FL 33169		
CITY ST ZIP			
DOCUMENT #	PENZI, NANCY	STREET ADDRESS	
NAME	15300 N.W 7TH AVENUE	CITY ST ZIP	
STREET ADDRESS	MIAMI, FL 33169		
CITY ST ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY ST ZIP			

STAPLE CHECK HERE

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 639, Florida Statutes

SIGNATURE: *Gabriel Volante* 8/23/05 305 6889613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER