


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

05 MAY -6 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000000212	
1. Entity Name VSC OF PALM BEACH LIMITED PARTNERSHIP	

Principal Place of Business 751 PARK OF COMMERCE DR, STE 128 BOCA RATON, FL 33487	Mailing Address 751 PARK OF COMMERCE DR, STE 128 BOCA RATON, FL 33487
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2. Principal Place of Business 8135 LAKE WORTH RD Suite, Apt. #, etc. SUITE B City & State LAKE WORTH FL Zip 33467 Country USA	3. Mailing Address 8135 LAKE WORTH RD Suite, Apt. #, etc. SUITE B City & State LAKE WORTH FL Zip 33467 Country USA
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02042005 Chg-LP CR2E003 (10/03)

4. FEI Number 37-1483965	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLMAN, NANCY B ESQ BARITZ & COLMAN, LLP 150 E PALMETTO PARK RD, STE 750 BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,375,000
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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 #	L04000010267	STREET ADDRESS	8135 LAKE WORTH ROAD-STE B
NAME	VSC OF PALM BEACH, LLC	CITY-ST-ZIP	LAKE WORTH FL 33467
STREET ADDRESS	751 PARK OF COMMERCE DR, STE 128		
CITY-ST-ZIP	BOCA RATON, FL 33487		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 620, Florida Statutes

SIGNATURE: _____	4/22/05	561-357-0121
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>