
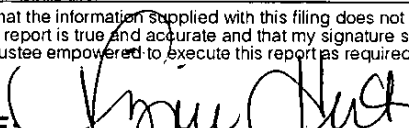


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A04000001017 1. Entity Name VH LAND CO. LIMITED PARTNERSHIP					
Principal Place of Business 10130 BERTRAM LANE FORT MYERS FL 33912				Mailing Address 10130 BERTRAM LANE FORT MYERS FL 33912	
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 20-1296262	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GRAVINA, PETER J 1833 HENDRY STREET FORT MYERS FL 33901				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____	
9. Capital Contributions as Shown on record. \$50,000.00		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 CITY-ST-ZIP	P04000076048 VH LAND CO., INC. 10130 BERTRAM LANE FORT MYERS FL 33912			STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS	
DOCUMENT # NAME 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 in 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 trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 12 AM 9:58



1ST MOORE CR2E003 (10/04)

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

100056030961
06/10/05--01045--013 **88.75

100056030961
06/10/05--01045--014 **350.00

STAPLE CHECK HERE