
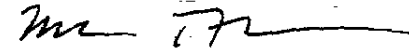


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A04270</b> 1. Entity Name <b>VCP-REAL ESTATE INVESTMENTS, LTD.</b>					
Principal Place of Business <b>3020 HARTLEY ROAD          SUITE 300          JACKSONVILLE, FL 32257</b>			Mailing Address <b>3020 HARTLEY ROAD          SUITE 300          JACKSONVILLE, FL 32257</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>52-1412767</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>FARRELL, MARK T          3020 HARTLEY ROAD          SUITE 300          JACKSONVILLE, FL 32257</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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$1,420,933.00</b>			10. Amount of Capital Contributions in FLORIDA to date		
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	<b>L57417</b>		STREET ADDRESS		
NAME	<b>VCP-REAL ESTATE INVESTMENTS, INC.</b>		CITY - ST - ZIP		
STREET ADDRESS	<b>3020 HARTLEY ROAD, STE. 300</b>		CITY - ST - ZIP		
CITY - ST - ZIP	<b>JACKSONVILLE, FL 32257</b>		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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 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:</b> 			<b>Mark T. Farrell</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date <b>April 21, 2005</b>		
			Daytime Phone # <b>(904) 260-3030</b>		



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