

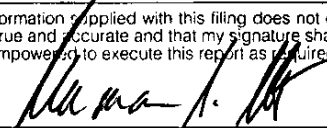


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 10:18

DOCUMENT # A05000000358 1. Entity Name VILLAGE OAKS VERO, LLLP					
Principal Place of Business 75 N.E. 6TH AVENUE, STE. 103 DELRAY BEACH, FL 33483				Mailing Address 75 N.E. 6TH AVENUE, STE. 103 DELRAY BEACH, FL 33483	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04122006 Chg-LP CR2E003 (11/05) 20-2348673	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEINSTEIN, NORMAN S 75 N.E. 6TH AVENUE, STE. 103 DELRAY BEACH, FL 33483				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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 #	L02000028120		STREET ADDRESS		
NAME	STATESIDE CAPITAL, LLC		CITY-ST-ZIP		
STREET ADDRESS	75 N.E. 6TH AVENUE, STE. 103		900074177789		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		05/08/06--01011--007 **500.00		
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CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Norman S. Weinstein, Partner 4/13/06 561-278-9292		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE