

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR -7 AM 8:22

DOCUMENT # A05000001449

1. Entity Name
 VI PARTNERSHIP, LTD.



Principal Place of Business 800 LAUREL OAK DRIVE, SUITE 300 NAPLES, FL 34108	Mailing Address 800 LAUREL OAK DRIVE, SUITE 300 NAPLES, FL 34108
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03222006 Chg-LP CR2E003 (11/05)

City & State	City & State	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent ATHAN, G. HELEN ESQ C/O GRANT, FRIDKIN, PEARSON, ATHAN & CROWN 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES, FL 34108	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, if applicable, date

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 #	P05000099089	STREET ADDRESS	
NAME	SC & G INVESTORS, INC.	CITY-ST-ZIP	
STREET ADDRESS	800 LAUREL OAK DRIVE, SUITE 300		
CITY-ST-ZIP	NAPLES, FL 34108		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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 04/14/06--01052--004 **508.75

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE