


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A06000000266 1. Entity Name VG WINTER SPRINGS LIMITED PARTNERSHIP	
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FILED
 07 FEB 21 AM 9:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 650 S. NORTHLAKE BLVD. SUITE 450 ALTAMONTE SPRINGS, FL 32701 US	Mailing Address 650 S. NORTHLAKE BLVD. SUITE 450 ALTAMONTE SPRINGS, FL 32701 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042007 Chg-LP CR2E003 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> 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 LECESSE DEVELOPMENT CORPORATION 650 S. NORTHLAKE BLVD. SUITE 450 ALTAMONTE SPRINGS, FL 32701	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 #	P06000022600	STREET ADDRESS	
NAME	VG WINTER SPRINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	650 S. NORTHLAKE BLVD., SUITE 450		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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 02/22/07--01042--016 **508.75

STAPLE CHECK HERE

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: Salvador F Leccese **1-16-07** **407-645-5575**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #