




**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A06000000275 1. Entity Name VB AMFIB, LTD.					
Principal Place of Business 190 SUTHEAST 19TH AVE. POMPANO BEACH FL 33060			Mailing Address 190 SUTHEAST 19TH AVE. POMPANO BEACH FL 33060		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 20-4422633				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAUMONT, FRANK 190 SUTHEAST 19TH AVE. POMPANO BEACH FL 33060			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. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.					
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 #	P06000021386		STREET ADDRESS		
NAME	JW ENTERPRISES OF VERO BEACH, INC.		CITY - ST - ZIP		
STREET ADDRESS	3339 CARDINAL DRIVE SUITE 200				
CITY - ST - ZIP	VERO BEACH FL 32963				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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 07 JUN 26 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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 07/10/07--01045--013 **500.00



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: Frank Jaumont, Attorney-in-fact
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/07
Date

Daytime Phone #

STAPLE CHECK HERE