

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A08000000821

Entity Name: VITOCORE PARTNERS, LLLP

**FILED**  
**Jan 06, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

6942 SALAMANCA AVENUE  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

6942 SALAMANCA AVENUE  
JACKSONVILLE, FL 32217

**New Mailing Address:**

FEI Number: 26-3403569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WATSON, TODD ESQ  
12276 SAN JOSE BOULEVARD, SUITE 721  
JACKSONVILLE, FL 32223 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: COHEN, TOMMY D.C.  
Address: 6942 SALAMANCA AVENUE  
City-St-Zip: JACKSONVILLE, FL 32217  
Document #:

Name: COHEN, VICKI C  
Address: 6942 SALAMANCA AVENUE  
City-St-Zip: JACKSONVILLE, FL 32217

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TOMMY D. C. COHEN

\_\_\_\_\_  
Electronic Signature of Signing General Partner

01/06/2009

\_\_\_\_\_  
Date