

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAR 21 PM 2: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership V.P.I. PROPERTIES ASSOCIATES, LTD.		1a. DOCUMENT # A10015	
Mailing Address 2201 CORPORATE SQUARE BOULEVARD JACKSONVILLE FL 32216		Principal Office Address 2201 CORPORATE SQUARE BOULEVARD JACKSONVILLE FL 32216	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 02/04/1981		5a. Capital Contributions as Shown on record. \$998,200.00	
3a. Date of Last Report 03/19/1996		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation NY		6. FEI Number 11-2513484 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent INSETTA, VICTOR 2201 CORPORATE SQUARE BLVD. JACKSONVILLE FL 32216		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment)		DATE	

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
INSETTA, VICTOR D.	8444 SAN JOSE BLVD.	JACKSONVILLE FL	700002127347--2 -03/28/97--01093--012 ****541.25 ****541.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.	
SIGNATURE 	DATE 3/4/97
Typed or Printed Name of General Partner Signing Form Victor Insetta	Daytime Telephone Number (904) 724-2000

CR2E003 (11/96)