FILE ON OR BEFORE DECEMBER 31, TO REVOCATION A	1997 OR PARTNERSHIP IND <u>\$500 Penalty Fer</u>	WILL BE SU	BJECT			
LIMITED PARTNERSHIP ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF S Sendre B. Mortham Secretary of State DIVISION OF CORPORATIO		IS SECRE	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
1. Name of Limited Partnership	18. DOCU A24163			98 JAN - 5 PM 3: 18		
VSP PARTNERSHIP, LTD.						
Malling Address	Principal Office Address	Principal Office Address		Registered 58. Capit Show	al Contributions as in on record.	
224 Commercial Blvd. Suite 200 Lauderdale by the sea fl 33306	224 Commercial BLVD. Suite 200 Lauderdale by the sea f				\$7,000,000.00	
2. Malling Address	28. Principal Office Addres		04/28/1997 4. State or Country o FL	of Formation 5D. Amou Contraction to da	5b. Amount of Capilal Contributions in FLORIDA to date:	
4456 El Mar Drive Sulte, Apt. #, etc. Suite 542	Suite, Apt. #, etc. Suite 542	Suite 542			Applied For	
City & State Lauderdale by the Sea, Zip Country	City & State FL Lauderdale 1 Zip	bythe Sea Country	——	<u> </u>	\$8.75 Additional Fee Required	
33308USA	33308	USA	<b>O.</b> Make check paya	ble to: Dept. of State (See rev	erse side for fee information)	
224 COMMERICAL BLVD., SUITE 200 LAUDERDALE BY THE SEA FL 33308 10a. Pursuant to the provisions of sections 620 1051 an for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment)	registered agent, or both, in the State is of section 620 192, Fiorida Statutes.	Suite, Apt. # Suite City Laude named limited partne of Florida. Such chang	e 542 erdale by the rship organized or registered undu ge was authorized by its general p	Soa FL er the laws of the State of Flor artner(s). I hereby accept the DATE	appointment of registered	
	T BE REGISTERED	AND ACTIV	E WITH THIS OFF			
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Offi	ice Box Numbers)	11b. City, State & Zip (	Code 11c.	Document Number	
Friedt, glenn H. Jr. Friedt,theodore K.			Lauderdale by the		1) _1(0	
۵ 				0024078 -01/21/9801 ****\$550.00	139013 ****550.00	
Note: General partners MAY NOT 12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my significant empowered to execute this report as required by cha	this filing is voluntarily furnished and do n Section 119.07(3)(k) in the event that gnature shall have the same legal effec	bes not qualify for the the information suppl	exemption stated in Section 119.0 led is deemed exempt from public	7(3)(k), Florida Statutes. I rele access. I further certify that t	ase the Division of he information indicated on	
SIGNATURE	Mary	Duc.	up	DATE 12 -	30-47	
Typed or Printed Name of General Partner Signing Form	GLENN H 1	RIGST.	Daytime Telephone	Number 954 - 44	33-7485	

人名法布尔 网络马拉马拉马拉马马

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