		FLORIDA DEPARTM Sandra Mo			Fil.	ED		
ANNUAL REPORT 1997		Secretary of DIVISION OF COF	of State		96 DEC - 9.	PM 4: 3	1	
1. Name of Limited Partnership	1a.	1a. DOCUMENT # A25348			SECRETARY TALLAHASSE	UP STAT		
VP ASSOCIATES, LTD.	L							
Mailing Address Principal Office Address 2000 Habit EV DOAD SHITE 100 2020 HABIT EV DOAD SHITE 1			<u>, </u>	3. Date Formed or Registered 58. Capital Contributions as Shown on record.		I Contributions as on record.		
3030 HARTLEY ROAD SUITE 100 3030 HARTLEY ROAD SUITE 100 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257				3a. Da	10/19/1987 3a, Date of Last Report 12/05/1995 4. State or Country of Formation		5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Princ	2a. Principal Office Address				ft 3,2	40,000	
Suite, Apt. #, etc City & State		Suite, Apt. #, etc.			Number -2860400	<u> </u>	Applied For Not Applicable	
Zip Country		Zip Country		7. Cert	ificate of Status Desired		\$8.75 Additional Fee Required	
				8. Mak	e check payable to: Dept. c	of State (See reve	erse side for fee information	
			City		· · · · · · · · · · · · · · · · · · ·			
10a. Pursuant to the provisions of sections 620.14 for the purpose of changing its registered of agent. I am familiar with, and accept the oblight.	flice or registered agent	or both, in the State of Florid	limited partnership o				· · · · · · · · · ·	
for the purpose of changing its registered of agent. I am familiar with, and accept the oblic SIGNATURE (Registered Agent Accepting Appointme	flice or registered agent ligations of section 620 1	, or both, in the State of Florid 192, Florida Statutes.	limited partnership o da. Such change was	authorized by	vits general partner(s). I he	the State of Flori	da, submits this statement appointment of registered	
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