

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32779**

1. Entity Name

WATERMILL EXPRESS I LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -5 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business BOX 1096 DUNEDIN FL 34697	Mailing Address BOX 1096 DUNEDIN FL 34697-1096
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 54-1622378	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

THORN, W. THOMPSON, III
101 EAST KENNEDY BLVD., SUITE 2800
TAMPA FL 33602

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$60,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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

DOCUMENT #	P37959
NAME	VS HOLDINGS, INC.
STREET ADDRESS	101 E. KENNEDY BLVD., STE. 2800
CITY - ST - ZIP	TAMPA FL 33602

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	300003288639--3
STREET ADDRESS	-06/14/00--01051--017
CITY - ST - ZIP	****508.75 ****508.75
STREET ADDRESS	420.00 LP

14. I hereby certify that the information supplied 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.

By: **Victor Strauss, Jr. President**

SIGNATURE: _____ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Daytime Phone # _____