


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000000187 1. Entity Name VCP - ALDERMAN PARK PARTNERS, LTD.	
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Principal Place of Business 3020 HARTLEY ROAD, SUITE 300 JACKSONVILLE FL 32257	Mailing Address 3020 HARTLEY ROAD, SUITE 300 JACKSONVILLE FL 32257
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MOORE CR2E003 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-3228307	Applied For <input type="checkbox"/> Not Applicable
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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 FARRELL, MARK T 3020 HARTLEY ROAD, SUITE 300 JACKSONVILLE FL 32257

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. -\$599,558.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL, 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	13. ADDRESS CHANGES ONLY
DOCUMENT # P94000012587 NAME VCP - ALDERMAN PARK, INC. STREET ADDRESS 3020 HARTLEY ROAD, SUITE 300 CITY - ST - ZIP JACKSONVILLE FL 32257	STREET ADDRESS CITY - ST - ZIP
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04/20/04-80015-022 526.25

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report 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

SIGNATURE: William L. Morgan **William L. Morgan** **March 17, 2004** (904) 260-3030