2000 UNIFORM BUSI	INESS REPOR	T (UBR)		
DOCUMENT # A9400000362				
1. Entity Name			FILED STATE FORETARY OF STATE SION OF CORPORATIONS	
VCP-COQUINA CROSSING, LTD.		Via	BION OF COMPORATION	
AND THE RESERVE OF THE SECOND			0 APR 27 AM 3: 05	· · · · · · · · · · · · · · · · · · ·
Principal Place of Business 8020 Hartley Road, Ste. 300	Mailing Address 3020 Hartley Ro	ad. Ste. 300 $^{()}$	UIAFRE	
lacksonville, FL 32257	Jacksonville, FL	32257	- 7	,
		#		
Principal Place of Business	3. Mailing Address		<u> </u>	
3020 Hartley Road 3020 Hartle Suite, Apt. #, etc. Suite, Apt. #, etc.		Road		TE IN THIS SPACE
Suite 300 Suite 300				
Jacksonville, FL	City & State	FT.	4. FEI Number 59-3233605	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
32257 USA 6. Name and Address of Current I	32257 Registered Agent	USA	7. Name and Address of New F	Fee Required legistered Agent
	and the second	Name		
FARRELL, MARK T 3030 HARTLEY ROAD, SUITE 100		Street Address	(P.O. Box Number is Not Acceptable))
JACKSONVILLE FL 32257				
		City		FL Zip Code
The above named entity submits this statement for	r the purpose of changing its reg	gistered office or regist	ered agent, or both, in the State of Flo	prida.
				ril ₂ 4, 2000 (1,30%), (1)
GNATURE	and title if applicable (NOTE: Re	gistered Agent signature requir		DATE
Capital Contributions as Shown on record. \$2,600,000.00	 Amount of Capital C in FLORIDA to date. 			K PAYABLE TO DEPT. OF STATE SE SIDE FOR FEE INFORMATION
A GENERAL PARTNER T	HAT IS A BUSINESS ENTIT	Y MUST BE REGIS	STERED AND ACTIVE WITH THent must be filed to change a go	S OFFICE.
GENERAL PARTNER	_ 	13.	ADDRESS CH	
OCUMENT P94000021939 VCP-COQUINA CROSSING, INC.		STREET ADDRESS 3020 Hartley Road, Ste. 300		
RET ADDRESS 3030 HARTLEY ROAD, SUITE 100 JACKSONVILLE FL 32257	0	CITY-ST-ZIP	Jacksonville, FL 3225	
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Y-ST-ZIP CUMENT#				
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		STREET ADDRESS		
REET ADDRESS		STREET ADDRESS CITY-ST-Z8P		
REET ADDRESS IY-ST-ZIP	this filling does not qualify for the	CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes.	I further certify that the information
REET ADDRESS TY ST-ZIP 4. I hereby certify that the information supplied with indicated on this report is true and accurate and the receiver or trustee empowered to execute this	this filing does not qualify for the that my signature shall have the s report as required by Chapter (city-st-zep s exemption stated in same legal effect as if	Section 119.07(3)(i), Florida Statutes. made under oath; that I am a Genera	I further certify that the information Il Partner of the limited partnership or
RECTADDRESS IY ST-ZP I. Thereby certify that the information supplied with included an initial report is true and accurate and	this filling does not qualify for the that my signature shall have the sreport as required by Chapter (city-st-zep s exemption stated in same legal effect as if	Section 119.07(3)(i), Florida Statutes, made under oath; that I am a General April 4, 2000	I further certify that the information al Partner of the limited partnership or (904) 260-3030