


**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra Morham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # A95000001891			
VCD INVESTMENT LIMITED PARTNERSHIP					

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 APR -8 AM 9:48



Mailing Address 2720 NW 6TH ST. SUITE A GAINESVILLE FL 32609		Principal Office Address 2720 NW 6TH ST. SUITE A GAINESVILLE FL 32609		3. Date Formed or Registered 12/07/1995		5a. Capital Contributions as Shown on record. \$34,000.00	
2. Mailing Address 305 SW 140 TERRACE Suite, Apt. #, etc.		2a. Principal Office Address SAME Suite, Apt. #, etc.		3a. Date of Last Report 03/20/1996		5b. Amount of Capital Contributions in FLORIDA to date: 34000	
City & State NEW BERRY FL		City & State		4. State or Country of Formation FL		6. FEI Number 59-3349463	
Zip 32669		Country ALUCLVA		7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)							

9. Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office			
AWARE DEVELOPMENT, INC. 2720 NW 6TH ST. STE. A GAINESVILLE FL 32609				Name AWARE DEVELOPMENT, INC. Street Address (P.O. Box Number Is Not Acceptable) 305 SW 140 TERRACE Suite, Apt. #, etc. 600002142606--3 City NEW BERRY			

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

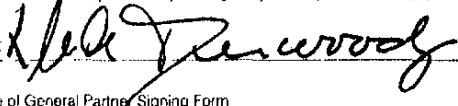
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code		11c. Registration/Document Number	
AWARE DEVELOPMENT, INC.		2720 NW 6TH ST., STE. 305 SW 140 TERRACE		GAINESVILLE FL 32609 NEW BERRY FL 32669		P05000091357 FF \$258.00 Sup \$38.25 Or 4-11	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE  DATE **3/20/97**

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____