

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

99 JAN 27 AM 11:19

1. Name of Limited Partnership VMP II, LTD.		1a. DOCUMENT # A96000000765	
Mailing Address 1645 PALM BEACH LAKES BOULEVARD, STE 1200 WEST PALM BEACH FL 33401	Principal Office Address 1645 PALM BEACH LAKES BOULEVARD, STE 1200 WEST PALM BEACH FL 33401		
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		

3. Date Formed or Registered 04/18/1996 3a. Date of Last Report 01/02/1998 4. State or Country of Formation FL 6. FEI Number 65-0669446 7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	5a. Capital Contributions as Shown on record \$7,500.00 5b. Amount of Capital Contributions in FLORIDA to date \$7,500.00 ☐ Applied For ☐ Not Applicable
--	---

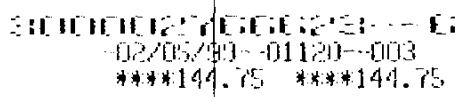
9. Name and Address of Current Registered Agent LIOCE, DOMENICK R 1645 PALM BEACH LAKES BOULEVARD SUITE 1200 WEST PALM BEACH FL 33401	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
--	--

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 _____

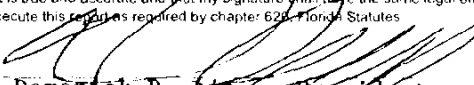
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) VMP II, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1645 PALM BEACH LAKES	11b. City, State & Zip Code WEST PALM BEACH FL 33	11c. Registration Document Number P96000035151
--	---	---	--


 02/05/99 01120-003
 ****144.75 ****144.75

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 form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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** 1-25-99
 Domenick R. Lioco, President
 Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number 707-10444

CR2E003 (8/96)