2008 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2008 FILED **DOCUMENT # A96000001108** 1. Entity Name
VIDA RANCH, LTD. 08 APR 21 PM 3:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4100 CANOE CREEK RD. 4100 CANOE CREEK RD. ST CLOUD, FL 34772 ST CLOUD, FL 34772 01292008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3387445 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DANIELS, ALAN H DO NOT WRITE 800 NORTH MAGNOLIA AVE., SUITE 1500 ORLANDO, FL 32803 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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 # P96000049480 NAME DVG MANAGEMENT, INC. STREET ADDRESS 515 WEST BRYAN STREET 500123956745 04/18/08--01006--013 **\$00.00 CITY-ST-ZIP KISSIMMEE, FL 34746 DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY - ST - ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4-11-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER