

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 11 AM 11:32

**DOCUMENT # A96000001787**

1. Entity Name  
**VAULT PARTNERS, LTD.**



Principal Place of Business  
**7220 FINANCIAL WAY, SUITE 400  
JACKSONVILLE, FL 32256**

Mailing Address  
**7220 FINANCIAL WAY, SUITE 400  
JACKSONVILLE, FL 32256**



**DO NOT WRITE IN THIS SPACE**

03192008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**59-3403512**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ALLEN, JOHN J  
7220 FINANCIAL WAY, SUITE 400  
JACKSONVILLE, FL 32256**

**DO NOT WRITE  
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

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

**600123023156**

04/11/08--01020--018E \*\*500.00

**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 # **V73143**  
NAME **THE VAULT GROUP, INC.**  
STREET ADDRESS **7220 FINANCIAL WAY, SUITE 400**  
CITY- ST- ZIP **JACKSONVILLE, FL 32256**

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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

**SIGNATURE:**

*Laura Nenny Allen*  
**Laura Nenny Allen**

**3/26/08**  
Date

**904 296 8004**  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE