2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED Apr 30, 2005 08:00 AM Secretary of State

DOCUMENT # A9600001907  1. Entity Name VCP-OSCEOLA II, LTD.					Secretary of State	
Principal Place of Business Mailing Address						
3020 HARTLEY ROAD, STE. 300  JACKSONVILLE, FL 32257  3020 HARTLEY ROAD JACKSONVILLE, FL 32		DAD, STE. 30 . 32257	00			
2. Principal Place of Business		- 3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02012005 Chg-LP CR2E003 (10/03)	
City & State		City & State			4. FEI Number         Applied For           59-3416922         Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
<del> </del>	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent	
FARRELL, MARK T 3020 HARTLEY ROAD, STE. 300 JACKSONVILLE, FL 32257				Street Address (P.O. Box Number is Not Acceptable)		
				City	FL Zip Code	
8. The above the obligat	named entity submits this statement for tions of registered agent.	r the purpose of changing	ng its register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	- 2016	<u></u>	DATE	
9. Capital Co as Shown	ontributions \$7,000.00	10. Amount of C	apital Contri to date.	butions		
	A GENERAL PARTNER T	HAT IS A BUSINESS	ЕППТҮ М	UST BE REGIST	FERED AND ACTIVE WITH THIS OFFICE.	
12.	GENERAL PARTNER		13.	, an amendmen	ADDRESS CHANGES ONLY	
DOCUMENT #	L01000003314	<u> </u>	STRE	ET ADDRESS		
NAME STREET ADDRESS	VCP-OSCEOLA II, LLC 3020 HARTLEY ROAD, STE. 300					
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY	-ST-ZIP		
DOCUMENT # NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		<u> </u>	CITY	- ST- ZIP	U00000346353	
DOCUMENT #			STRE	ET ADDRESS	04/30/05-80074-004 141.25	
STREET ADDRESS CITY-ST-ZIP		<u>. =</u>	CITY	-ST- ZIP		
DOCUMENT / NAME	<del></del>		STRE	ET ADDRESS		
STREET ADORESS CITY - ST-ZIP		<u> </u>	CITY	-ST-ZIP		
DOCUMENT # NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	_	<del></del>	CITY	-SI-21P		
DOCUMENT # NAME			STREE	ET ADDRESS		
STREET ADORESS City-St-Zip		***************************************	спу-	ST-ZIP		
14. I hereby c indicated the receive	ertify that the information supplied with on this report is true and accurate and er or trustee empowered to execute this	this filing does not qualify that my signature shall hat report as required by C	y for the exer ave the same hapter 620, F	ription stated in Sec legal effect as if ma lorida Statutes	ction 119.07(3)(1), Florida Statutes. I further certify that the information ade under oath; that I am a General Partner of the limited partnership or	

Mark T. Farrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 21, 2005

(904) 260-3030