DOCUMENT # A9600002073 1. Entity Name					The state of the s
VCP-COLLINS ROAD, LTD.					FILED
Principal Place of Business Mailing Address 3020 HARTLEY ROAD, SUITE 200 3020 HARTLEY ROAD, SUITI JACKSONVILLE FL 32257 JACKSONVILLE FL 32257				TE 200	O1 MAY - 1 PM 12: 32 SECRETARY OF STATE TALLALAGE FOR TALLALAGE FOR TALLAGE F
Principal Place of Business 3. Mailing Address			3. Mailing Address	<u>-</u>	
Suite, Apt. #, etc. Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State			City & State		4. FEI Number 59-3417148 Applied For Not Applicable
Zip		Country	Zip .	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
				Name	Bernard E. Smith
FARRELL, MARK T				Street	Address (P.O. Box Number is Not Amontoble)
3020 HARTLEY ROAD, SUITE 200 JACKSONVILLE FL 32257				30	20 Hartuy Road, Ste. 300
JACKSON	NVILLE FL 32	257			
				City ~	Jacksonvill FL 32257
8 The above	e named entity	submite this statement for	r the purpose of changing it:	registered office	or registered agent, or both, in the State of Florida.
o. The above	o named entry	300milis tins statement to	if the purpose of changing it.	egistered onice	or registered agent, or botti, in the state or norma.
SIGNATURE					
	Signature, typed	or printed name of registered agent			ature required when reinstating) DATE
9. Capital Cas Shown	on record.	\$11,249,010.00	10. Amount of Capi a in FLORIDA to ca	te.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
					REGISTERED AND ACTIVE WITH THIS OFFICE. endment must be filed to change a general partner.
12.		GENERAL PARTNER		13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS	VCP-COLLINS ROAD, INC.		STREET ADDRESS	R2E003 (11/00)	
CITY-ST-ZIP	JACKSONV	/ILLE FL 32257	, 	CITY-ST-ZIP	E003
NAME				STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP	6000042871669
NAME				STREET ADDRESS	****535.00 *****535.00
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STREET ADDRESS CITY-ST-ZIP	<u> </u>			CITY-ST-ZIP	
DOCUMENT # NAME	1			STREET ADDRESS	1
STREET ADDRESS]	
CITY-ST-ZIP				CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _