2002 UNIFORM BUSINESS REPORT (UBR) A97000001100 DOCUMENT# 1. Entity Name FILED DAKOTA GROUP OF NORTHWEST FLORIDA, LTD. 02 JUN -7 PM 2: 45 Mailing Address Principal Place of Business 128 JOHN SIMS PARKWAY SECRETARY OF STATE TALLAHASSEE FLORIDA P.O. BOX 8 VALPARAISO FL 32580 128 JOHN SIMS PARKWAY VALPARAISO FL 32580 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State Applied For 4. FEI Number 59-3448138 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent K.FEDONCZAK, TERESA W Street Address (P.O. Box Number is Not Acceptable) 128 JOHN SIMS PARKWAY VALPARAISO FL 32580 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$50,200.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME	P97000043760 VRC DAKOTA, INC.	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	128 JOHN SIMS PARKWAY VALPARAISO FL 32580	CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000043768 VICTORIA GROUP, INC. 24 BLUEWATER POINTE NICEVILLE FL 32578	STREET ADDRESS*	300055088733 -05/14/0201041019 ****440.15 ****440.15
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DOCUMENT # NAME		STREET ADDRESS	
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

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