HILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1999	DIVISION OF CO	ORPORATIONS	ļ			
1. Name of Limited Partnership	1a. DOCUMENT # A9700001114		98 DEC 14 PM 4: 22			
VCP - CHASE RIDGE ASSOCIATES, LTD.						
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as		
3030 HARTLEY ROAD. SUITE 100 JACKSONVILLE FL 32257	3030 HARTLEY ROAD, SUITE 100 JACKSONVILLE FL 32257		05/19/1997 3a. Date of Last Report	\$1,000.00		
2	130 000 100		11/24/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address		FL	\$1,000.00		
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.		6. FEI Number 59-3450	927 Applied For Not Applicable		
	<u></u>		7. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip Country	Z ip	Country	8. Make check payable to: Dept. of Si	tate (See reverse side for fee information)		
9. Name and Address of Current R	tegistered Agent		10. If changed, new Registered	Agent/Office		
		Name				
VCP - CHASE RIDGE ASSOCIATES, INC.	Street Address (P.O. Box Number is Not Acceptable)					
3030 HARTLEY ROAD, SUITE 100 JACKSONVILLE FL 32257	Suite, Apt. #. etc.					
JACKSCHVILLE FL 32237						
City			FL Zip Code			
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 620.192, Florida Statutes.						
SIGNATURE (Registered Agent Accepting Appointment)			DATE	ecember 11, 1998		
A GENERAL PARTNER THAT I	S A CORPORATION, L BE REGISTERED AN	IMITED PART	NERSHIP OR OTHER	R BUSINESS ENTITY		
11. Name(s) of General Partner(s)	11a. Address of Each General		City, State & Zip Code	11c. Registration/ Document Number		
VCP-CHASE RIDGE ASSOCIATES,	<u> </u>		KSONVILLE FL 32257	9898) CRZE003 (8/88)		
			7000027; -12/24/9 ****141	213373 8-01003007 1.25 ****141.25		
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.						
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any flability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.						
2001	~ <i>/</i>		D -			

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Typed or Printed Name of General Partner Signing Form Mark T. Farrell Daytime Telephone Number (904)260-3030