2000 UNIFORM BUSINESS REPORT (UBR)						
DOCUMENT # A9700001114				* (LED) 27075		
VCP - CHASE RIDGE ASSOCIATES, LTD.				SECRETARY OF STATE	ЭНС	
3020 Ha	e of:Business rtley Road, Ste. 300 rville, FL 32257	Mailing Address 3020 Hartley Ro Jacksonville, FL		00 APR 27 AM 3: 0		
2. Principal Place of Business 3020 Hartley Road Suite, Apt. #, etc. 3. Mailing Address 3020 Hartley Suite, Apt. #, etc.			Road	1 (80)(8() (8)(8 (8))(4 (80)) (8)(8 (8))	TE IN THIS SPACE	
Suite 300 City & State Jacksonville, FL Suite 300 City & State Jacksonville, FL				4. FEI Number 59-345092	Applied For Not Applicable	
Zip 3225	7 ^T L, Country USA	Zip 32257:	Country		S8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent ,	Name	7. Name and Address of New I	Registered Agent	
VCP - CHASE RIDGE ASSOCIATES, INC. 3020 Hartley Road, Ste. 300 Jacksonville, FL 32257				Street Address (P.O. Box Number is Not Acceptable)		
Jackson vine, i E 0220.			City	FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) April 4, 2000.						
9. Capital Contributions as Shown on record. \$1,000.00 10. Amount of Capital Coin FLORIDA to date.			Contributions e.	11. MAKE CHE SEE REVER	CK PAYABLE TO DEPT. OF STATE ISE SIDE FOR FEE INFORMATION	
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						
12. DOCUMENT#	GENERAL PARTNER INFORMATION P97000044188		13.			
NAME STREET ADDRESS CITY-ST-ZIP	VCP-CHASE RIDGE ASSOCIATES, INC. 3030 HARTLEY ROAD, SUITE 100 JACKSONVILLE FL 32257		l H	3020 Hartley Road, St Jacksonville, FL 32257	ī	
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14. Thereby of	ertify that the information supplied with the	is filing does not qualify for the	he 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 it made under oath; that I am a General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE:

SIGNATURE IN TYPED OR PRINTED NAME OR, SIGNING GENERAL PARTNER

Date

Daytime Phone #