## 2002 UNIFORM BUSINESS REPORT (UBR)

|  |   |                                 |          |  | _   |   |
|--|---|---------------------------------|----------|--|---|---|
| DOCUMENT # A9800002495  1. Entity Name   |   |                                 |          |  | FILED   |   |
| VCP-SARASOTA, LTD.   |   |                                 |          |  | 02 MAY -1 PM 6: 47  | 7   |
|  |   |                                 |          |  | SECRETARY OF STATE<br>TALLAHASSEE, FLORID   |   |
| Principal Place of Business Mailing Address  |   |                                 |          |  | TALLAHASSEE, FLORID   | A   |
| 3020 HARTLEY ROAD. SUITE 3003020 HARTLEY ROAD. SUITJACKSONVILLE FL 32257JACKSONVILLE FL 32257  |   |                                 | TE 300   |  |   |   |
|  |   |                                 |          |  |   | ## [[#  |
| Principal Place of Business     Address     Address  |   |                                 |          |  |   |   |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |   |                                 |          | DUE BY MAY 1, 2002                                 |   |   |
| City & Stat  | City & State  | ate                             |          | 4. FEI Number 59-3541508                           | Applied For Not Applicable  |   |
| Zip Country  |   | Zip Country                     |          | ry   | 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   |   |
| F BOOK TANDANA AS AS AS AS AS NAME   |   |                                 |          | Name   |   |   |
| FARRELL, MARK T<br>3020 HARTLEY ROAD, SUITE 300<br>JACKSONVILLE FL 32257   |   |                                 |          | Street Address (P.O. Box Number is Not Acceptable) |   |   |
|  |   |                                 |          |  |   |   |
|  |   |                                 |          | City   | FL  | Zip Code  |
| 8. The above   | named entity submits this statement for   | the purpose of changing its re  | egistere | d office or register                               | ed agent, or both, in the State of Florida.   | I   |
| SIGNATURE TURN STATE OF THE STA |   |                                 |          |  |   |   |
| Signature, typed or printed name of registered agent and title if applicable.  9. Capital Contributions  47 000 00  10. Amount of Capital Contributions  11. MAKE CHECK PAYABLE TO DEPT. OF STATE  |   |                                 |          |  |   |   |
| as Shown on record.  In FLORIDA to date.  SEE REVERSE 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  |   |
| DOCUMENT #<br>NAME   | VCP-SARASOTA, INC. ADDRESS 3020 HARTLEY ROAD, SUITE 300   |                                 | STREE    | T ADDRESS  | # \$ \$\psi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |   |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |                                 | CITY-    | ST-ZIP   | TPC-1   |   |
| DOCUMENT #<br>NAME   | DDRESS CONTRACTOR AND THE ANGO  |                                 | STREE    | T ADDRESS  |   |   |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |                                 | CITY-    | ST-ZIP   |   |   |
| DOCUMENT #   | ARESS   |                                 | STREE    | T ADDRESS  | 800005509738-2<br>-05/14/0201075003<br>****141.25 ****141.25  |   |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |                                 | CITY-    | ST-ZIP   |   |   |
| DOCUMENT #<br>NAME   |   |                                 | STREE    | T ADDRESS  |   |   |
| STREET ADDRESS  <br>CITY-ST-ZIP  | 4 7 (440) (43   |                                 |          | ST-ZIP   |   |   |
| DOCUMENT #   |   |                                 | STREE    | T ADDRESS  |   |   |
| STREET &DDRESS<br>CITY-ST-ZIP  | SS  |                                 |          | ST-ZIP   | ¥*  |   |
| DOCUMENT #<br>NAME   | ie – 1. Jan 1977 Rey August, Suite aco  |                                 | STREE    | T ADDRESS  |   |   |
| STREET ADDRESS CITY-ST-ZIP   |   |                                 | CITY-    |  |   |   |
| indicated  | ertify that the information supplied with t<br>on this report is true and accurate and the<br>er or trustee empowered to execute this | iai my signature shall have the | e came   | legal ettect as it m:                              | ction 119.07(3)(i), Florida Statutes. I further cer<br>ade under oath; that I am a General Partner of | tify that the information<br>the limited partnership or |

SIGNATURE: Mark T. Farrell April 19, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date

(904) 260-3030

Daytime Phone #