


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED  
Apr 14, 2004 08:00 AM  
Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # A9800002495</b><br>1. Entity Name<br>VCP-SARASOTA, LTD. |  |
|---|---|

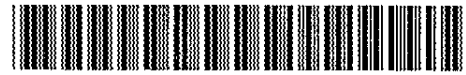
|  |  |
|--|--|
| Principal Place of Business<br>3020 HARTLEY ROAD, SUITE 300<br>JACKSONVILLE FL 32257 | Mailing Address<br>3020 HARTLEY ROAD, SUITE 300<br>JACKSONVILLE FL 32257 |
|--|--|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                    |                    |
|--------------------|--------------------|
| Suite, Apt #, etc. | Suite, Apt #, etc. |
|--------------------|--------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



MOORE CR2E003 (11/03)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>59-3541508 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br>FARRELL, MARK T<br>3020 HARTLEY ROAD, SUITE 300<br>JACKSONVILLE FL 32257 |
|--|

|   |
|---|
| <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

|   |   |  |
|---|---|--|
| 9. Capital Contributions as Shown on record. \$7,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>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 |                              |
|---------------------------------|------------------------------|
| DOCUMENT #                      | P98000093430                 |
| NAME                            | VCP-SARASOTA, INC.           |
| STREET ADDRESS                  | 3020 HARTLEY ROAD, SUITE 300 |
| CITY - ST - ZIP                 | JACKSONVILLE FL 32257        |

| 13. ADDRESS CHANGES ONLY |              |
|--------------------------|--------------|
| STREET ADDRESS           |              |
| CITY - ST - ZIP          | 000000120555 |

|                 |  |
|-----------------|--|
| DOCUMENT #      |  |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |

|                 |                           |
|-----------------|---------------------------|
| STREET ADDRESS  | 04/20/04-80015-001 141.25 |
| CITY - ST - ZIP |                           |

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| DOCUMENT #      |  |
| NAME            |  |
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| STREET ADDRESS  |  |
| 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:** William L. Morgan William L. Morgan March 17, 2004 (904) 260-3030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE