

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

6900009 AV

**DOCUMENT # A98000002495**



1. Entity Name  
**VCP-SARASOTA, LTD.**

**FILED**  
03 APR 30 AM 5:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

Principal Place of Business <b>3020 HARTLEY ROAD, SUITE 300 JACKSONVILLE FL 32257</b>	Mailing Address <b>3020 HARTLEY ROAD, SUITE 300 JACKSONVILLE FL 32257</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3541508**

**DUE BY MAY 1, 2003**

Applied For  
Not Applicable

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 Agent

**FARRELL, MARK T**  
**3020 HARTLEY ROAD, SUITE 300**  
**JACKSONVILLE FL 32257**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
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. 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**  
**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 #	<b>P98000093430</b>
NAME	<b>VCP-SARASOTA, INC.</b>
STREET ADDRESS	<b>3020 HARTLEY ROAD, SUITE 300</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>

STREET ADDRESS	
CITY-ST-ZIP	<b>100017351321</b> <b>04/30/03--01020--009 **141.25</b>

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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: Mark T. Farrell 4/14/03 904-260-3030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (10/02)