2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002496

1. Entity Name

VCP-SAN MARCO, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3: 05

Principal Place of Business	Mailing Address
3020 Hartley Road, Ste. 300 Jacksonville, FL 32257	3020 Hartley Road, Ste. 300 Jacksonville, FL 32257

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
3020 Hartley Road	3020 Hartley Road	
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300	

City & State Jacksonville, FL	City & State Jacksonville, FL	**4. FEI Number** 59-3542011	Applied For / Not Applicable
Zip 32257	Country USA	Zip 32257	Country USA	**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, Ste. 300 Jacksonville, FL 32257	Name
	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 registered office or registered agent, or both, in the State of Florida.
April 4, 2000

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. Capital Contributions as Shown on record.	$7,000.00	10. Amount of Capital Contributions in FLORIDA to date.	**11. MAKE CHECK PAYABLE TO 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 # P98000093428 NAME VCP-SAN MARCO, INC. STREET ADDRESS 3030 HARTLEY ROAD, SUITE 100 CITY-ST-ZIP JACKSONVILLE FL 32257	STREET ADDRESS 3020 Hartley Road, Ste. 300 CITY-ST-ZIP Jacksonville, FL 32257
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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: _____ SIGNATURE REQUIRED _____   April 4, 2000   (904) 260-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #