

## 2001 UNIFORM BUSINESS REPORT (UBR)

001811 AF

DOCUMENT #

A98000002496

1. Entity Name

VCP-SAN MARCO, LTD.

Principal Place of Business

3020 HARTLEY ROAD, SUITE 300  
JACKSONVILLE FL 32257

Mailing Address

3020 HARTLEY ROAD, SUITE 300  
JACKSONVILLE FL 32257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3542011

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

FARRELL, MARK T  
3020 HARTLEY ROAD, SUITE 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.

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 INFORMATIONA. 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	STREET ADDRESS	300004423773--0
NAME	VCP-SAN MARCO, INC.	CITY-ST-ZIP	06/18/01-01021-025
STREET ADDRESS	3020 HARTLEY ROAD, SUITE 300		*****88.75 *****88.75
CITY-ST-ZIP	JACKSONVILLE FL 32257		
DOCUMENT #		STREET ADDRESS	300004423773--0
NAME		CITY-ST-ZIP	06/18/01-01021-040
STREET ADDRESS			*****52.50 *****52.50
CITY-ST-ZIP			
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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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Bernard E. Smith

April 19, 2001

(904) 260-3030

Date

Daytime Phone #

CR2E003 (11/00)