FL Dept of State LED \$526.75 gs

2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

1. Entity Nam	# A98000002				05 APR 19 PM 1: 43 SECREMAY OF STATE FALLAHASSEE FLORIDA						
Principal Place 300 EAST LO DAVENPORT,	MBARD ST	SUITE 120 0	Mailing Address C/O RESIDENCE MANAGEMENT, INC. 209 TOWN CENTER BLVD DAVENPORT, FL 33896								
2. Principal P		_	3. Mailing Address Clo ALEX BROWN RETURY, THE								
Suite, Apt.			Suite, Apt. #, etc. 300 EAST LOMBARA ST. SUITE 1200				03012005	Chg-LP	CR2E003 (1	10/03)	
City & State DMONPORT, FL			City & State BARDHURE MD			,	4. FEI Number 59-35192	20		Applied For Not Applicable	
Zip			Zip 21202	Coun	ntry US	•	5. Certificate of Status Desired S8.75 Additional Fee Required				
	Registered Agent				7. Name and Ad	dress of New Re	egistered Agent				
O T CODDODATION SYSTEM						Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Street A	Street Address (P.O. Box Number is Not Acceptable)					
					City	y 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 Signature, typoid or printed name of registered again and title if applicable.											
A Control Contributions 40 Amount of Contributions											
as Shown on record. \$1,350,100.00 in FLORIDA to date. 1,350,100.00											
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								ADDRESS CHA	NGES ONLY		
DOCUMENT # NAME	1	VTC, INC.		EET ADDRESS	300	EAST LOM	sman St	. Soit	2 120)		
STREET ADDRESS CITY-ST-ZIP	Į.	RE, MD_21202_		CITY	-ST-ZIP	Bn	ZTI MORES	MD	21202		
DOCUMENT / NAME	GP98000	01039 PARTNERS, A FLORID	STRI	EET ADDRESS	·						
STREET ADDRESS CITY-ST-ZIP	RESS 209 TOWN CENTER BLVD				'-ST-ZIP		•				
DOCUMENT #	-			STA	EET ADDRESS	,					
STREET ADDRESS . CITY-ST-ZIP					-ST-ZIP		-1				
DOCUMENT #			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	STR	EET ADDRESS		05/0	6/05010	087003	3:3:1 **526.25	
STREET ADORESS CITY-ST-ZIP				CITY	r-ST-ZIP						
DOCUMENT #				STR	EET ADDRESS						
STREET ADDRESS				CITY	(-S1-ZIP					<u> </u>	
DOCUMENT #		 .		P76	EET ADORESS						
NAME STREET ADDRESS											
CITY-ST-ZIP					r-ST-ZIP	<u> </u>					
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 employered to execute this report as required by Chapter 620, Florida Statutes											