2000	UNIFORM BU	SINESS REP	ORT ((UBR)	_	
DOCUI 1. Entity Name	MENT # A99(000000275				
VILLAGE AT PARK ROAD LIMITED PARTNERSHIP						SECRETABLED
Principal Place of Business Mailing Address				DIVISION OF CORPORAT		
225 E REDWOOD ST 225 I		225 E REDWOOD ST	25 E REDWOOD ST			00 FEB - 1 PM 1:55
BALTIMORE MD 21202 BALTIMORE MD 21202-3300						
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State City & State					4. FEI Number	Applied For
Zip Country		Zip	Country		59-3556229	- \$8.75 Additional
					Certificate of Status Desired Name and Address of New Re	Fee Required
6. Name and Address of Current Registered Agent				Name		
PEILLY, ANDREW R 95 SOUTH 10TH ST				Street Address	s (P.O. Box Number is Not Acceptable)	
HAINES CITY FL 33845						
				City :		FL Zip Code
	named entity submits this stateme	ent for the purpose of changing	its registere	d office or regist	ered agent, or both, in the State of Flori	
: SIGNATURE .	Signature, typed or printed name of registered in	agent and title if applicable. (N	OTE. Registered	Agent signature requir	red when reinstating)	#526.25
9. Capital Contributions as Shown on record. \$3,000,000.00 In FLORIDA to date.				utions	11. MAKE CHECK SEE REVERS	PAYABLE O DEPT OF STATE E SIDE FOR FEE INFORMATION
	A GENERAL PARTN	ER THAT IS A BUSINESS E	ENTITY MU		STERED AND ACTIVE WITH THIS	OFFICE.
12.	GENERAL PAR	TNER INFORMATION	13.		ADDRESS CHAI	
DOCUMENT# NAME	F99000000908 BROWN VPR, INC.			T ADDRESS		12241 82
STREET ADDRESS CITY+ST+ZIP	225 E REDWOOD ST BALTIMORE MD 21202		CITY-	ST-ZIP	-02/04/ ****5	/0001002006 26.25_****526.25
DOCUMENT#	GP9800001039 VILLAGE PARTNERS, A FLORIDA GENERAL PART			T ADDRESS		The state of the s
STREET ADORESS CITY-ST-ZIP	5728 MAJOR BLVD SUITE 309 ORLANDO FL 32819		CITY-	ST-ZIP		
DOCUMENT #				T ADDRESS.	- mar	<u></u>
STREET ADDRESS CITY-ST-ZIP				ST-ZIP		\\.
DOCUMENT# NAME			STREE	ET ADORESS		
STRÆT ADDRÆSS CITY-ST-ZIP	*** **			ST-ZIP		
DOCUMENT# NAME	A Company of the Comp			T ADDRESS		
STREET ADDRESS	Commission of the Commission o		CITY-	ST-ZIP		
BOCUMENT#			STREE	T ADDRESS		·
STREET ADDRESS	\$3,050,050 BB			ST~ZIP		
14. I hereby o	on this report is true and accurate	and that my signature shall hav	ve the same.	legal effect as if	Section 119.07(3)(i), Florida Statutes. I if made under oath; that I am a General	further certify that the information Partner of the limited partnership of
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 Date Daytime Phone #						
Brown, VPR, Inc., G.P.						