


FL Dept of State
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

DOCUMENT # A99000000275			
1. Entity Name VILLAGE AT PARK ROAD LIMITED PARTNERSHIP		Mailing Address 610 RESIDENCE MANAGEMENT, INC. 209 TOWN CENTER BLVD DAVENPORT, FL 33896	
Principal Place of Business 2120 VILLAGE PARK ROAD PLANT CITY, FL 33566		2. Principal Place of Business	
3. Mailing Address c/o ALEX BROWN ROTRY, INC 300 EAST LOMBARD ST. S/1200		Suite, Apt. #, etc. Suite, Apt. #, etc.	
City & State BALTIMORE MD		4. FLI Number 59-3556229	
Zip 21202		Country US	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REILLY ANDREW R 95 SOUTH 10TH ST HAINES CITY, FL 33845		7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324	
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: <u>Bonnie C. Schuman - Capt. Secy</u> DATE: <u>4/6/05</u>			
9. Capital Contributions as Shown on record. \$3,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. 2,200,200.00	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F99000000908 BROWN VPR, INC. 300 EAST LOMBARD STREET SUITE 1200 BALTIMORE, MD 21202	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GP9800001039 VILLAGE PARTNERS, A FLORIDA GENERAL PART 209 TOWN CENTER BLVD DAVENPORT, FL 33896	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	200054240392 05/11/05--01005--017 **526.75
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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: <u>[Signature]</u> DATE: <u>04/08/05</u> LICENSE # <u>410-727-4083</u>			

STAPLE CHECK HERE