

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

2004 APR 27 A 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # A99000002018</b> 1. Entity Name <b>VIP CARE PAVILION, LTD.</b>					
Principal Place of Business <b>6810 S.W. 7TH STREET          MARGATE, FL 33068</b>			Mailing Address <b>6810 S.W. 7TH STREET          MARGATE, FL 33068</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>COLTON MANAGEMENT CORP.</b> <b>10920 S.W. 10TH ST.</b> <b>PEMBROKE PINES, FL 33025-3530</b>			Name  Street Address (P.O. Box Number is Not Acceptable) <b>6600 FALCONSGATE AVENUE</b>  City <b>DAVIE</b> <div style="float: right;">           FL Zip Code  <b>33331</b> </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record: <b>\$688,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date: <b>\$700,000.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P96000052609		STREET ADDRESS	6600 FALCONSGATE AVENUE	
NAME	COLTON MANAGEMENT CORP.		CITY-ST-ZIP	DAVIE, FL 33331	
STREET ADDRESS	10920 S.W. 10TH STREET				
CITY-ST-ZIP	PEMBROKE PINES, FL 330253530				
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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.					
<b>SIGNATURE:</b> <i>Scott Couran</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			P-14-04 954-325-4133 <small>Date Daytime Phone</small>		

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