

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A99000002018

Entity Name: V I P CARE PAVILION, LTD.

**FILED**  
**Jul 05, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

6810 S.W. 7TH STREET  
MARGATE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

6810 S.W. 7TH STREET  
MARGATE, FL 33068

**New Mailing Address:**

FEI Number: 65-0962751      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

COLTON MANAGEMENT CORP.  
6600 FALCONSGATE AVENUE  
DAVIE, FL 33331      US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #: P96000052609  
Name: COLTON MANAGEMENT CORP.  
Address: 6600 FALCONSGATE AVENUE  
City-St-Zip: DAVIE, FL 33331

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT COLTON

MEM

07/05/2007

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date