2002	UNIFO	RM BUS	NESS	REPOR	T (UBF	R)					
DOCUN		B0000		FILED							
VESTCOR PARTNERS XXV-A. L.P.							02 FEB 18 PM 3: 52				
Principal Place 3020 HARTLEY JACKSONVILLE	ROAD . SUITE :	900	Mailing Address 3020 HARTLEY ROAD . SUITE 300 JACKSONVILLE FL 32257			1101110	SECRETAR TALLAHASS	SEE. FL	ORIDA	131 5 (15) (55	
2. Principal Pla	ice of Business		3. Mailing Address								
Suite, Apt. #	, etc.	· - 	Suite, Apt. #, etc.				DUE BY M	AY 1, 200			
City & State			City & State			4. FEI Number	59-3660043		App	lied For Applicable	
Zip Country		Zip		Country	5. Certificate o	f Status Desired		8.75 Addit			
	6. Name and	Address of Current	Registered A	gent	1	7. Name and A	Address of New Re	gistered A	gent		
3020 HARTLEY ROAD , SUITE 300 JACKSONVILLE FL 32257 8. The above named entity submits this statement for the purpose of changing its				of changing its reg	City FL Zip Code gistered office or registered agent, or both, in the State of Florida.						
SIGNATURE Signature, typed or printed name of registered agent 9. Capital Contributions \$0.00			10. Amount of Capital Contributions				11. MAKE CHECK	DATE PAYABLE	TO DEPT. OF	STATE 4	
as Shown or	A GEN	FRAL PARTNER 1	HAT IS A B	FLORIDA to date. USINESS ENTIT hanged on the	Y MUST BE	REGISTERED AND A	CTIVE WITH THE	SOFFICE	•	IA TON	
12.		GENERAL PARTNER			13.		ADDRESS CHAI				
DOCUMENT # L00000008927 NAME VESTCOR PARTNERS XXV, LLC					STREET ADDRESS						
TREET ADDRESS JACKSONVILLE FL 32257					CITY-ST-ZIP	50	5000050244156 -02/27/0201076002				
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DOCUMENT # NAME					STREET ADDRESS						

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: ___

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-TP DOCUMENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Da