2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN -3 AM 9:17

DOCUMENT # B04000000258

1. Entity Name
VIGO FINANCIAL SERVICES, LP

Principal Place of Business	Mailing Address
2711 CENTERVILLE ROAD, STE. 400 WILMINGTON, DE 19808	1300 SAWGRASS CORPORATE PARKWAY, STE. 110 SUNRISE, FL 33323

05182005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$16,905,000.00	$16,905,000.00

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 #	F04000003445	STREET ADDRESS	400056403844
NAME	VIGO GP, INC.	CITY ST ZIP	06/21/05--01067--009 **526.25
STREET ADDRESS	1300 SAWGRASS CORPORATE PARKWAY, STE. 110		
CITY-ST-ZIP	SUNRISE, FL 33323		
DOCUMENT #	F04000004111	STREET ADDRESS	
NAME	VIGO LP, INC.	CITY ST ZIP	
STREET ADDRESS	1300 SAWGRASS CORPORATE PARKWAY, STE. 110		
CITY-ST-ZIP	SUNRISE, FL 33323		
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Osvaldo F. deFaria, Jr. 5/18/2005 (800) 777-8784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #