## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENT # B0700000359  1. Entity Name VTT ASSETS, LP					SECRETARY OF STATE DIVISION OF CORPORATIONS  08 JUN - 2 PM 1:07			
Principal Place of Business  2400 LAGUNA DRIVE FT LAUDERDALE, FL 33316  Mailing Address  2400 LAGUNA DRIVE FT LAUDERDALE, FL 33316  FT LAUDERDALE, FL 333			3316					
Principal Place of Business - No P.O. Box #     Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.					04142008	Chg-LP	CR2E003 (	(12/06)
City & State		City & State		4. FEI Number 26-1437	251		Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of		Fee	75 Additional Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
TEDES! I	OSEBH			Name				
TERESI, JOSEPH 2400 LAGUNA DRIVE FT LAUDERDALE, FL: 33316				Street Address (P.O. Box Number is Not Acceptable)				
- 3	:							
				City FL Zip Code				<u>'</u>
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 Signature, typed or printed name of registered agent and title if applicable.								
FILE NOW!!! FEE IS \$500.00 20131002412 After May 1, 2008, Fee will be \$900.00 06/09/0801002005 **500.00								
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. S GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY								
DOCUMENT #	F07000005876			EET ADDRESS				
NAME	TERESI PUBLICATIONS, INC.		Siru	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	2400 LAGUNA DRIVE FT LAUDERDALE, FL 33316		CITY	'-ST-2IP			BLT	<u>'</u>
DOCUMENT # NAME			STRI	EET ADORESS				
STREET ADDRESS CITY-ST-ZIP			CITY	'-51-ZIP				
DOCUMENT # NAME			STRI	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP				
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DOCUMENT# NAME			STRI	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			ÇITY	r-ST-ZIP				
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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								

1/54/08 Date