

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 28 PM 12:31

DOCUMENT # B98000000684 1. Entity Name V-B1, L.P.					
Principal Place of Business 9200 COLLEGE PARKWAY FT. MYERS, FL 33919			Mailing Address 5601 SOUND BLUFF ROAD OCEAN SPRINGS, MS 39564		
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 64-0901511	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		\$7,500.00		10. Amount of Capital Contributions in FLORIDA to date. \$7,500.00	
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. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	F04000002928		STREET ADDRESS		
NAME	SMITA MANAGEMENT CORPORATION		CITY-ST-ZIP		
STREET ADDRESS	5601 SOUND BLUFF ROAD		CITY-ST-ZIP		
CITY-ST-ZIP	OCEAN SPRINGS, MS 39564		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			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					
SIGNATURE: <i>Bharat H. Sangani</i>			Bharat H. Sangani 5/26/04 228/864-9888 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime phone #</small>		

STAPLE CHECK HERE

sp 6/1

700037577737
06/02/04 01046 002 **141.25