

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 10 AM 9:06

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
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2. Principal Place of Business 14055 Seawary Road Suite, Apt. #, etc.	3. Mailing Address 14055 Seawary Road Suite, Apt. #, etc.
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City & State Gulfport MS	City & State Gulfport MS
Zip 39503	Zip 39503
Country USA	Country USA

01182006 Chg-LP CR2E003 (11/05)

4. FEI Number 64-0901511	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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7. Name and Address of New Registered Agent
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 _____
Signature typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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	
DOCUMENT #	F05000002064
NAME	ENCORE MANAGEMENT FORT MYERS, INC.
STREET ADDRESS	9200 COLLEGE PARKWAY
CITY-ST-ZIP	FT. MYERS, FL 33919
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	14055 Seawary Road
CITY-ST-ZIP	Gulfport MS 39503
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700068541227
CITY-ST-ZIP	03/23/06 01050 013 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-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.

SIGNATURE: Alan L. Murray 1/24/06 228.824.9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE