


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

182

0020283 MB

DOCUMENT # B98000000684

1. Entity Name
V-B1, L.P.



FILED

03 MAY -1 PM 1:51

CLERK OF STATE
TALLAHASSEE, FLORIDA

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 <i>5601 Sound Bluff Road</i>		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>Ocean Springs, MS</i>		4. FEI Number 64-0901511	Applied For Not Applicable
Zip	Country	Zip <i>39564</i>	Country <i>HARRISON</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SANGANI, BHARAT 9200 COLLEGE PARKWAY FT. MYERS FL 33919		7. Name and Address of New Registered Agent Name <i>Corporation Service Company</i> Street Address (P.O. Box Number is Not Acceptable) <i>1201 Hays Street</i> City <i>Tallahassee</i> FL Zip Code <i>32301</i>	
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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 *Cynthia L. Harris* **Cynthia L. Harris** as its agent DATE *5/1/03*

9. Capital Contributions as Shown on record. \$7,500.00	10. Amount of Capital Contributions in FLORIDA to date. \$7,500.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	F98000006348 SMITA MANAGEMENT CORPORATION 5601 SOUND BLUFF ROAD OCEAN SPRINGS MS 39564	STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	100017831651
		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 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: *S. Bharat Sangani* **S. Bharat Sangani** *4/28/03* *228-864-9888*

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

STAPLE CHECK HERE

CR2E003 (10/02)



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282

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 982302 7203542

AUTHORIZATION :

Patricia Pujols

COST LIMIT : \$ 141.25

ORDER DATE : March 25, 2003

ORDER TIME : 12:06 PM

ORDER NO. : 982302-015

CUSTOMER NO: 7203542

CUSTOMER: Ms. Jerri Lynn Neumaier
Encore Enterprises
Suite 200
1201 25th Avenue
Gulfport, MS 39501

RECEIVED
03 MAY -1 PM 1:01
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: V-B1, L.P.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd-EXT#1140

EXAMINER'S INITIALS: _____