



**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Apr 13, 2004 08:00 AM
Secretary of State**

DOCUMENT # A98000002092							
1. Entity Name VENTURE RENTALS LTD.							
Principal Place of Business 4104 - 20TH STREET WEST BRADENTON, FL 34205			Mailing Address 4104 - 20TH STREET WEST BRADENTON, FL 34205				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt #, etc.		Suite, Apt #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	01212004 Chg-LP CR2E003 (10/03)			
4. FEI Number 65-0864515			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			7. Name and Address of New Registered Agent				
GOLDMAN, STANELY 4104 - 20TH STREET WEST BRADENTON, FL 34205			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. \$5,407,702.00		10. Amount of Capital Contributions in FLORIDA to date.					
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 #	P98000077918		STREET ADDRESS				
NAME	VENTURE RENTALS CORP.		CITY-ST-ZIP				
STREET ADDRESS	4104 - 20TH STREET WEST			U00000119862 04/20/04-20004-015-526-25			
CITY-ST-ZIP	BRADENTON, FL 34205						
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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: 			Date: 3/4/04 (94) 755-2661				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #				

STAPLE CHECK HERE