

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

**FILED
Apr 05, 2004 08:00 AM
Secretary of State**

DOCUMENT # B02000000145			
1. Entity Name BALLAST POINT VENTURE PARTNERS, L.P.			
Principal Place of Business THE RAYMOND JAMES FINANCIAL CENTER 880 CARILLON PARKWAY ST. PETERSBURG FL 33716		Mailing Address THE RAYMOND JAMES FINANCIAL CENTER 880 CARILLON PARKWAY ST. PETERSBURG FL 33716	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GRAHAM, DREW A THE RAYMOND JAMES FINANCIAL CENTER 880 CARILLON PARKWAY ST. PETERSBURG FL 33716		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record. \$300,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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 #	L01000013776	STREET ADDRESS	
NAME	RJ VENTURES, LLC	CITY-ST-ZIP	000000111185
STREET ADDRESS	880 CARILLON PARKWAY		04/13/04-80006-004 526.25
CITY-ST-ZIP	ST. PETERSBURG FL 33716	STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
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MOORE CR2E003 (11/03)

4. FEI Number **03-0434278** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Drew A. Graham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1126/04

Date: Devine Phone #