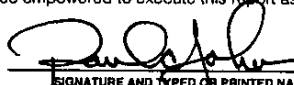


2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -5 AM 8:42

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		06282005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 03-0434278	
				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		
GRAHAM, DREW A THE RAYMOND JAMES FINANCIAL CENTER 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716			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. \$300,000.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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	L01000013776 RJ VENTURES, LLC 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716		STREET ADDRESS		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
DOCUMENT # NAME STREET ADDRESS 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:  Paul C. Johan			6-28-05		77-567-1500
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>

STAPLE CHECK HERE

Handwritten initials



06282005 Chg-LP CR2E003 (10/03)

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

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

10. Amount of Capital Contributions in FLORIDA to date. In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

600057481286
07/14/05 01072--005 **\$26.25

Date: 6-28-05 Daytime Phone #: 77-567-1500