

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B02000000145**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 11 PM 1:51

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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.

City & State

Zip Country

DUE BY MAY 1, 2003

4. FEI Number
03-0434278

Applied For
 Not Applicable

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

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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
54776
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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
L01000013776	RJ VENTURES, LLC	880 CARILLON PARKWAY	ST. PETERSBURG FL 33716

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP

500012319975
02/11/03--01079--006 #4526.25

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: *Drew A. Graham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

11/29/03

CR2E003 (10/02)