2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

DOCUMENT # A0000000460 1. Entity Name NEW SOUTH VENTURES I, LTD.					2005 MAY -2	· 1 L
7339 PERIWINKLE DRIVE			Mailing Address 7339 PERIWINKLE DRIVE SARASOTA, FL 34231		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business 3		3. Mailing Address	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04292005 Chg-LP	CR2E003 (10/03)
City & State		City & State			4. FEI Number 74-2960674	Applied F
Zip	Country	Zip	Coun	try		\$8.75 Additional
	6. Name and Address of Curre GARY T • WINKLE DRIVE A, FL 34231	nt Registered Agent	200000	Name GALY Street Address	7. Name and Address of New Regit J. ALNO (2) (P.O. Box Number is Not Acceptable)	atered Agent
<u> </u>	8. The above named entity submits this statement for the purpose of changing it			City FL Zip Code		
Signature, typed or printed name of registered agent and talle if applicable. 9. Capital Contributions as Shown on record. \$93,600.00 10. Amount of Capital FLORIDA to contributions in FLORIDA to contributions.			A to date.	93,600.00		
					STERED AND ACTIVE WITH THIS (ant must be filed to change a gene	
12. GENERAL PARTNER INFORMATION DOCUMENT / L00000013729 WME STREET ADDRESS 7339 PERIWINKLE DRIVE STREET ADDRESS 7339 PERIWINKLE DRIVE SARASOTA EL 34231			l	ET ADDRESS	ADDRESS CHANG	ES ONLY
DOCUMENT / LO0000013732 NAME ROBERT'S BAY INVESTMENT'S, L.L.C.			STRE	ET ADORESS 40	074 Roberts Poi Arasota, FL 34	nt RoAl
STREET ADDRESS CITY-ST-ZIP SAPASSTA, FE STEET			CITY	-ST-ZIP 5	ARASOFA, FL 34	242
DOCUMENT / L00000013733 NAME NORTH BRIDGE CAPITAL, L.L.C. STREET ADDRESS CITY-ST-ZIP					407 GWF MEAD	
DOCUMENT #	-QARASSTA, FL-61251	<u> </u>	STRE	EET ADDRESS	<i>n</i>	
NAME STREET ADORESS CITY-ST-ZIP			СПУ	-ST-ZIP		
DOCUMENT #			STRE	EET ADDRESS	1000551 05/24/0501066	95811 -008 **526,25
NAME Street Address City-St-Zip			СПУ	'-ST-ZIP	23.27.00	<u> </u>
COCUMENT #	· 		STRI	EET ADDRESS		<u> </u>
STREET ADORESS CITY-ST-ZIP			CITY	-ST-ZIP		_ ,
14. I hereby o	ertify that the information supplied v on this report is true and accurate a er or trustee empowered to execut	with this filing does not quand that my signature shall this report as required by	alify for the exe I have the same expecter 620,	emption stated in S e legal effect as if For da statutes	Section 119.07(3)(i), Florida Statutes, I fur i made under oath; that I am a General Pa	ther certify that the information of the limited partners