## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

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## FILED **DOCUMENT # A00000000460** SECRETARY OF STATE DIVISION OF CORPORATIONS NEW SOUTH VENTURES I, LTD. 06 MAR 27 AM 9: 24 Principal Place of Business Mailing Address 7339 PERIWINKLE DRIVE 7339 PERIWINKLE DRIVE SARASOTA, FL 34231 SARASOTA, FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02222006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For 74-2960674 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARNOLD, GARY J Street Address (P.O. Box Number is Not Acceptable) 7339 PERIWINKLE DRIVE SARASOTA, FL 34231 City Zip Code Fl 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. DATE FILE NOW!!! FEE 18 \$500.00 After May 1, 2006, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # L00000013729 STREET ADDRESS SIESTA CAPITAL PARTNERS, L.L.C. NAME STREET ADDRESS 7339 PERIWINKLE DRIVE CITY-ST-ZIP 900070462139 CITY-ST-ZIP SARASOTA, FL 34231 <del>04/14/08--01052--020 \*\*508:75</del> DOCUMENT # L00000013732 STREET ADDRESS ROBERTS BAY INVESTMENTS, L.L.C. NAME STREET ADDRESS 4074 ROBERTS POINT ROAD CITY-ST-ZIP CITY-ST-7P SARASOTA, FL 34242 407 FULF MEAD DRIVE L00000013733 DOCUMENT # STREET ADDRESS NORTH BRIDGE CAPITAL, L.L.C. STREET ADDRESS 3407 GOLF MEAD DRIVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34242 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCULENT # STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 3/24/06