


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # A00000000460	
1. Entity Name NEW SOUTH VENTURES I, LTD.	

Principal Place of Business 7339 PERIWINKLE DRIVE SARASOTA, FL 34231	Mailing Address 7339 PERIWINKLE DRIVE SARASOTA, FL 34231
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01202008 Chg-LP CR2E003 (12/06)

4. FEI Number 74-2960674	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARNOLD, GARY J 7339 PERIWINKLE DRIVE SARASOTA, FL 34231		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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L00000013729 SIESTA CAPITAL PARTNERS, L.L.C. 7339 PERIWINKLE DRIVE SARASOTA, FL 34231	STREET ADDRESS CITY-ST-ZIP	 000000851598 03/25/08-80045-005 508.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L00000013732 ROBERTS BAY INVESTMENTS, L.L.C. 4074 ROBERTS POINT ROAD SARASOTA, FL 34242	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L00000013733 NORTH BRIDGE CAPITAL, L.L.C. 3407 GULF MEAD DRIVE SARASOTA, FL 34242	STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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.

SIGNATURE: GARY J. ARNOLD 3/3/08 (941) 302-3249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #