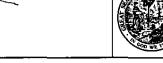
## **2003 LIMITED PARTNERSHIP** NIFORM BUSINESS REPORT (UBR

DOCUMENT #	A0000000460

1. Entity Name

**NEW SOUTH VENTURES I, LTD.** 



Principal Place of Business PM8 128

5053 OCEAN BLVD SARASOTA FL 34242 Mailing Address PMB 128

5053 OCEAN BLVD

SARASOTA FL 34242 3. Mailing Address 1.1.10 FILED

MAY -1 PM 1:33

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. Principal F	Place of Busi	winkle Drive	3. Mailing Address PER	i winkle	DHV	I IIBIUIF	IBII 88141 8841/ 8811/ 8814	<b>                                   </b>	IBURI BBURI BIBIB BANK BBAN IBBN	
Suite, Apt. #, etc.			Suite, Apt. #, etc.	<del>                                     </del>			DUE BY MAY 1, 2003			
SA LSA	s+A	, FL	SALAS HA	, FL		4. FEI Number	74-2960674		Applied For Not Applicable	
Zip 34231 Country A			Zip 34231	Counts					\$8.75 Additional Fee Required	
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New Re	gistered a	Agent	
	GARY RIWINKLE D FA FL 3423			Street /	Address (P.	O. Box Number	is Not Acceptable)			
ĵ				City				FL	Zip Code	
	tions of regis	lered agent.	or the purpose of changing its	s registered office o	or registered	agent, or both	, in the State of Flori		amiliar with, and accept	
	_ <del></del>	or printed name of registered agent	<del></del>	<u>\$</u>				DATE		
9. Capital Co as Shown	ontributions on record.	\$75,000.00	10. Amount of Capit in FLORIDA to o		93,60	0,00			TO FL. DEPT. OF STATE R FEE INFORMATION	
			THAT IS A BUSINESS EN AY NOT be changed on t							
12.		GENERAL PARTNER	RINFORMATION	13.			ADDRESS CHAP	NGES ON	<u>Y</u>	
DOCUMENT / NAME STREET ADDRESS	7339 PER	apital partners, l.u Iwinkle drive	C.	STREET ADDRESS						
CITY-ST-ZIP  DOCUMENT   NAME	L0000001 ROBERTS	BAY INVESTMENTS, L	LC.	STREET ADDRESS	73.	39 PER	i winkle	DA	/C	
STREET ADDRESS CITY-ST-ZIP		Berts Point Road 'A FL 34242		CITY-ST-ZIP	SAI	LASOL	t, FL	342	.31	
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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:** 

941-302-3249

Daytime Phone #