


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 APR 30 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000973		
1. Entity Name MARSHALL VENTURES, LTD.		

Principal Place of Business C/O MARSHALL VENTURES, INC. 6001 PELICAN BAY BLVD., GROSVENOR, PH-B NAPLES, FL 34108-8166	Mailing Address 5811 PELICAN BAY BLVD., STE. 600 NAPLES, FL 34108
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01202004 Chg-LP CR2E003 (10/03)

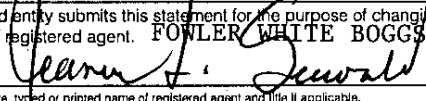
4. FEI Number  
59-3654639

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FOWLER WHITE MYERS KRAUSE 5811 PELICAN BAY BLVD, STE. 600 NAPLES, FL 34108		Name FOWLER WHITE BOGGS BANKER P.A. Street Address (P.O. Box Number is Not Acceptable) 5811 Pelican Bay Blvd., Ste 600 City Naples FL Zip Code 34108	

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. FOWLER WHITE BOGGS BANKER P.A.

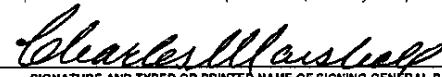
SIGNATURE  /JEANNE L. SEEWALD, ESQUIRE DATE 4-23-04

9. Capital Contributions as Shown on record. \$10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$10,000,000.00
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**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 #	P00000058281	STREET ADDRESS	
NAME	MARSHALL VENTURES, INC.	CITY-ST-ZIP	
STREET ADDRESS	5811 PELICAN BAY BLVD., STE. 600		
CITY-ST-ZIP	NAPLES, FL 34108		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
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:  9/27/04 (239) 597-3054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #

CHARLES MARSHALL

STAPLE CHECK HERE