

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


FILED

04 APR 30 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A0000000973

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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
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



6. Name and Address of Current Registered Agent
**FOWLER WHITE MYERS KRAUSE
5811 PELICAN BAY BLVD, STE. 600
NAPLES, FL 34108**

7. Name and Address of New Registered Agent
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* /**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**

**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	P00000058281 MARSHALL VENTURES, INC. 5811 PELICAN BAY BLVD., STE. 600 NAPLES, FL 34108	STREET ADDRESS	
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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: *Charles Marshall* DATE: **5/27/04** DAYTIME PHONE #: **(239) 597-3054**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: **CHARLES MARSHALL**

STAPLE CHECK HERE