


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
May 16, 2005 08:00 AM
Secretary of State

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

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



01042005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent
FOWLER WHITE BOGGS BANKER, P.A.
5811 PELICAN BAY BLVD, STE. 600
NAPLES, FL 34108

4. FEI Number: 59-3654639 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
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

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 #	P0000058281	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	
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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* 5/21/05 (239) 597-3054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CHARLES MARSHALL

STAPLE CHECK HERE