

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

0016294 AT

DOCUMENT # A00000000973

1. Entity Name
MARSHALL VENTURES, LTD.



FILED

03 APR 24 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

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 BOULEVARD, SUITE 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.

SIGNATURE

Jeanne L. Seewald Esq. *Jeanne L. Seewald, Esq.*

4-14-03

DATE

9. Capital Contributions
as Shown on record. \$10,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date. \$9,220,405.14

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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
NAME MARSHALL VENTURES, INC.
STREET ADDRESS 5811 PELICAN BAY BLVD., STE. 600
CITY-ST-ZIP NAPLES FL 34108

STREET ADDRESS

CITY-ST-ZIP

600016956795

DOCUMENT #
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CITY-ST-ZIP

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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

Charles Marshall *CHARLES MARSHALL*

4/1/03

239.597.3054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)