

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012294 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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 59-3654639	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	--

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

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 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*
Signature typed or printed name of registered agent and title if applicable. 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	
DOCUMENT #	P00000058281
NAME	MARSHALL VENTURES, INC.
STREET ADDRESS	5811 PELICAN BAY BLVD., STE. 600
CITY-ST-ZIP	NAPLES FL 34108
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	600016956795
STREET ADDRESS	04/24/03--01044--003 **526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 #

SAMPLE CHECK HERE

CR2E003 (10/02)