


FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001903			
1. Entity Name MARCH VENTURES, LTD.			
Principal Place of Business C/O DOUG E. WIEBEL, CPA 9240 BONITA BEACH RD., #3305 BONITA SPRINGS, FL 34135		Mailing Address C/O DOUG E. WIEBEL, CPA 9240 BONITA BEACH RD., #3305 BONITA SPRINGS, FL 34135	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KRAUSE, ANDREW J ESQ. 5811 PELICAN BAY BLVD., SUITE 600 NAPLES, FL 34108		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 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.	
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	P00000113839 MARCH VENTURES, INC. 9240 BONITA BEACH ROAD, SUITE 3305 BONITA SPRINGS, FL 34135	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	U000000294753 04/09/05-80002-002 526.25
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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: Carol K. March		3-31-05 (657) 699-2717	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	