

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A01000000464 1. Entity Name EAST/WEST VENTURE PARTNERS I, LLLP					
Principal Place of Business 13014 N. DALE MABRY, SUITE 356 TAMPA, FL 33618			Mailing Address 13014 N. DALE MABRY, SUITE 356 TAMPA, FL 33618		
2. Principal Place of Business 13907 CARROLLWOOD VILLAGE RUN Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State TAMPA, FL		City & State			
Zip 33618	Country US	Zip	Country		4. FEI Number 59-3696863
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SMITH, DARRELL C 101 EAST KENNEDY BOULEVARD, SUITE 2800 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name GARY FAIRBANKS Street Address (P.O. Box Number is Not Acceptable) 13014 N. DALE MABRY HWY, SUITE 356 City TAMPA FL Zip Code 33618		
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 3/19/04					
9. Capital Contributions as Shown on record, \$550,000.00		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 #	L00000000834		STREET ADDRESS		
NAME	CONCORDE CAPITAL PARTNERS, LLC		CITY-ST-ZIP		
STREET ADDRESS	13014 N. DALE MABRY, SUITE 356		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date 3/19/04 Daytime Phone # 813-269-0899		

STAPLE CHECK HERE

Kim M. SCHWENCKE