

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001528

1. Entity Name

VENTURE ASC, LTD.

FILED

02 JUN 24 PM 4:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business

16853 N.E. 2ND AVE., SUITE 400
NORTH MIAMI BEACH FL 33162

Mailing Address

16853 N.E. 2ND AVE., SUITE 400
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1648271

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENKHAUS, DAVID J ESQ.
2424 NORTH FEDERAL HIGHWAY, SUITE 160
BOCA RATON FL 33431

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$120,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 #	P01000109380	STREET ADDRESS	
NAME	VENTURE ASC, INC.	CITY-ST-ZIP	
STREET ADDRESS	16853 N.E. 2ND AVE., SUITE 400		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		
DOCUMENT #		STREET ADDRESS	600006047556--7
NAME		CITY-ST-ZIP	06/26/02 01068 007
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STREET ADDRESS			
CITY-ST-ZIP			

CRZE003 (9/01)

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

Daytime Phone #