2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Jul 12, 2006 08:00 AN Secretary of State Due By September 6, 2006 * *** DOCUMENT # A01000001528 VENTURE ASC, LTD. Principal Place of Business Mailing Address 16853 N.E. 2ND AVE., SUITE 400 16853 N.E. 2ND AVE., SUITE 400 NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162 07062006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 62-1648271 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MENKHAUS, DAVID J ESQ. DO NOT WRITE 1900 GLADES RD. ST 401 BOCA RATON, FL 33431 IN THIS SPACE 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 Focial, Largiagniar with, and accept the obligations of registered agent. the obligations of registered agent. 07/12/06-80004-005 500.00 Signature, typed or printed name of registered agont and title if applicable In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006 prior notice 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 P01000109380 DOCUMENT # VENTURE ASC, INC. STREET ADDRESS 16853 N.E. 2ND AVE., SUITE 400 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; 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

DOCUMENT #

STREET ADURESS CITY-ST ZIP DOCUMENT # NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY - ST - ZIP DOCUMENT # NAME STREET ADDRESS CITY - ST- ZIP

DOCUMENT A NAME STREET ADDRESS CITY - ST - ZIP DOCUMENT #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER