## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

## FILED Mar 18, 2008 08:00 A Secretary of State

1. Entity Nam	MENT # A05000000 VENTURES, LTD.	728	جميرا.				Secre	ctary or s	<b>)</b> (	
Principal Place of Business 201 NORTH FRANKLIN ST SUITE 1775 TAMPA, FL 33602		Mailing Address 201 NORTH FRANKLIN ST. SUITE 1775 TAMPA, FL 33602					)	18:1    18    17#2   8; 189		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc			02282008	Chg-LP	CR2E003	· · · · · · · · · · · · · · · · · · ·	_	
City & State		City & State			4. FEI Number NOT APF	LICABLE		Applied For Not Applicable	<u>,                                    </u>	
Zip	Country	Zip	Country			Status Desired	Fe Fe	3.75 Additional e Required		
	6. Name and Address of Current	7. Name and Address of New Registered Agent Name								
DREYER, FREDERICK W JR. 201 NORTH FRANKLIN ST. SUITE 1775 TAMPA, FL 33629				Street Address (P.O. Box Number is Not Acceptable)					$\frac{1}{1}$	
				, and						
				City				Zip Code		
	named entity submits this statement folions of registered agent.	r the purpose of changing its	register	ed office or register	ed agent, or both	in the State of Flo	rida. I am fan	iliar with, and accept		
SIGNATURE Signature, typed or printed name of registerod agent and little (I applicable DATE										
		V!!! FEE IS \$500.00 !008, Fee will be \$900	.00							
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	R INFORMATION	13,	.,		ADDRESS CHA	ANGES ONLY		]	
DOCUMENT # NAME	DREYER, FREDERICK W JR. 201 N. FRANKLIN ST. TAMPA, FL 33602		STRI	EET ADDRESS		U00000862772				
STREET ADDRESS CITY-ST-ZIP			CITY	(-ST-ZIP	04/03/08-80066-003 500.00					
DOCUMENT # NAME	DREYER, FREDERIC W III, MD		STRI	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	105 RED BAY ROAD ELGIN,, SC 29045		CITY	r - ST - ZiP						
DOCUMENT #			STRI	EET ADDRESS						
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DOCUMENT # NAME			STR	EET ADDRESS						
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DOCUMENT # NAME			STRI	EET ADDRESS					],	
STREET ADDRESS CITY-ST-ZIP		/	CITY	7-ST-ZIP						
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STREET ADDRESS CITY-ST-ZIP				'-ST-ZIP						
14. I hereby	certify that the information supplied wit	h this filling does not qualify for	or the e.	xemptions containe	d in Chapter 119,	Florida Statutes	I further certify	that the information		