


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A25706			
1. Entity Name N.S.I. VENTURE FUND I, LTD.			
Principal Place of Business 5215 S. WESTSHORE BLVD., #29 TAMPA, FL 33611		Mailing Address 5215 S. WESTSHORE BLVD., #29 TAMPA, FL 33611	
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 POSTON, WILLIAM G 5215 S. WESTSHORE BLVD., #29 TAMPA, FL 33611		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$540,400.00		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 #		STREET ADDRESS	
NAME	O'NEILL, PATRICK J.	CITY - ST - ZIP	
STREET ADDRESS	26657 WOODWARD AVE., STE. 100		
CITY - ST - ZIP	HUNTINGTON WOODS, MI 48070		
DOCUMENT #	P13599	STREET ADDRESS	000000144771
NAME	NORTHERN SALINE, INC.	CITY - ST - ZIP	05/03/04-80002-009 526.25
STREET ADDRESS	26657 WOODWARD AVE., STE. 100		
CITY - ST - ZIP	HUNTINGTON WOODS, MI 48070		
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STREET ADDRESS			
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: <u>P. O'Neill</u>		Date <u>4/13/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	