

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27768**

1. Entity Name

VENTURE PROPERTY LIMITED PARTNERSHIP

FILED

00 MAY 22 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5551 N. LAGOON DRIVE
PANAMA CITY FL 32407

Mailing Address
5551 N. LAGOON DRIVE
PANAMA CITY FL 32408-7911

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **59-2306506**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PATRONIS, JIMMY
5551 N. LAGOON DRIVE
PANAMA CITY FL 32407

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,872,067.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,872,067**

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	PATRONIS, JIMMY 5551 N. LAGOON DRIVE PANAMA CITY FL
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	PATRONIS, JOHNNY 5551 N. LAGOON DRIVE PANAMA CITY FL
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	500003300295--2 -06/22/00--01008--016 ****526.25 ****526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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: **REQUIRED** Date: **4/22/00** Daytime Phone #: **(850) 234-2226**

CF 03 (3/00)