2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 14, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A95000001278

1. Entity Name
PRO VENTURES PARTNERSHIP, LTD.



Principal Place of Business 75 VINEYARDS BLVD., #500 NAPLES, FL 34119 Mailing Address

75 VINEYARDS BLVD., #500 NAPLES, FL 34119

FILED

2007 AUG -8 AM 10: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA



07202007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0612827

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PROCACCI, MICHAEL 75 VINEYARDS BLVD., #500 NAPLES, FL 34119

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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

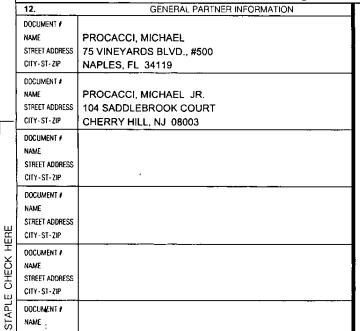
Signature, typed or printed name of registered agent and title if applicable

000109405100 09/22/07--01010--013 **\$00.00

DATE

FILE NOW!!! FEE IS \$500.00 Due by September 14, 2007 In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the 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.



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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 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/19/7

1973

aytime Phone #