## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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1. Entity Name

VENICE GATEWAY PROPERTIES, LTD.



APR 25 PM 4: 40

Principal Place of Business  % AMES L. TURNER 20 S. GRANGE WE SARASOTA R. VICES  20 Function Place of Business  % AMES L. TURNER 20 S. GRANGE WE SARASOTA R. VICES  20 Function Place of Business  Suite, Apr. #, aloc.  DUE BY MAY 1, 2003  Applied For Instruction of Sustain Desired  25 Function Place of Business  Suite, Apr. #, aloc.  DUE BY MAY 1, 2003  Applied For Instruction of Sustain Desired  38. 75 Auditions  TURNER, AMES L.  TURNER, AMES L.  Some And Address of Current Registered Agent  TURNER, AMES L.  Some And Address of Current Registered Agent  TURNER, AMES L.  Some And Address of Few Registered Agent  To Harve Constitution of Instruction of Sustain Desired  38. 75 Auditions  Some Andress of Few Registered Agent  To Harve Constitution of Instruction of Sustain Desired  38. 75 Auditions  Some Andress of Few Registered Agent  To Harve Constitution of Instruction of Instruc				10/6		03 API	CTABY OF STA	TE	<b>.</b>	
2. Principal Place of Business	% JAMES L. TURNER % JAMES L. TURNER				SECR TALLA	HASSEE FLOR	אטו	MJH		
Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 6, etc.  City & State  Country  Country  S. Certificate of Status Desired  For Address of Current Registered Agent  TURNER, JAMES L 200 S. ORANGE AVENUE  Streat Address (PO. Box Number is Not Acceptable)  Streat Address (PO. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Streat Address (PO. Box Number is Not Acceptable)  1 The Address (PO. Box Number is Not Acceptable)  Streat Address (PO. Box Number is Not Acceptable)  1 The Acceptable of Political I am familiar with, and accept the collipations of registered agent. or both, in the State of Poritical I am familiar with, and accept the collipations of registered agent. Or both, in the State of Poritical I am familiar with, and accept in a collipsion of registered agent. Or both, in the State of Poritical I am familiar with, and accept in a collipsion of registered agent. Or both, in the State of Poritical I am familiar with, and accept in a collipsion of registered agent. Or both, in the State of Poritical I am familiar with, and accept in a collipsion of registered agent. Or both, in the State of Poritical I am familiar with, and accept in a collipsion of registered agent. Or both, in the State of Poritical I am familiar with, and accept in a collipsion of registered agent. Or both, in the State of Poritical I am familiar with, and accept in a collipsion of registered agent. Or both, in the State of Poritical I am familiar with, and accept in a collipsion of registered agent. Or both, in the State of Poritical I am familiar with, and accept	· · · · · · · · · · · · · · · · · · ·									
City 4. State  City 5. State  City 6. State  Country	Principal Place of Business     3. Mailing Address		3. Mailing Address			425				
Similar   Programme   Progra	,					DUE BY MAY 1, 2003				
S. Certificate of Status Desired Fee Required Fee Require	City & State City & State			4. FEI Number 59-3465060			Not Applicable			
TURNER, JAMES L 200 S. ORANGE AVENUE SARASOTA FL 34236  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  9. Capital Contributions as Shown on record.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER THAT IS A BUSINESSE ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER THAT IS A DUSINESSE ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13.  SIRRET MORESS  CITY-S1-2P  SARASOTA FL 34238  CITY-S1-2P  DOCUMENT / NAME  SIRRET MORESS  CITY-S1-2P  DOCUMENT / SARASOTA FL 34231  CITY-S1-2P  COCUMENT / SI-2P  COCUMENT	Zip		<u> </u>	Country		<u></u> _	·	Fee F	Required	
TURNER, JAMES L 200 S. ORANGE AVENUE SARASOTA FL 34236  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and socept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and socept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and socept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and socept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and socept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and socept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and socept the state of Florida. I am familiar with, and socept the state of Florida. I am familiar with, and socept the state of Florida. I am familiar with, and socept the state of Florida. I am familiar with, and socept the state of Florida. I am familiar with, and socept the state of Florida. I am familiar with, and socept the state of Florida. I am familiar with, and socept the state of Florida. I am familiar with, and socept the state of Florida. I am familiar with, and socept the state of Florida. I am familiar with, and socept the state of Florida. I am familiar with, and socept the state of Florida. I am familiar with, and socept the state of Florida. I am familiar with, and socept the state of Florida. I am familiar with, and socept the state of Florida. I am familiar with, and socept the state of Florida. I am familiar with, and socept the state of Florida. I am familiar with, and socept the state of Florida. I am familiar with, and socept the state of Florida. I am familiar with, and socept the state of Florida. I am familiar with, and socept the state of Florida. I am familiar with, and socept the state of Florida. I am familiar with, and socept the state of Florida.		6. Name and Address of Current	Registered Agent	No						
SARASOTA FL 34236  City  City  FL  Zip Code  8. The above nemed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  9. Cepital Contributions Signature, hyper or increased.  \$1,500,000.00  10. Amount of Capital Contributions In FLORIDA to date.  A GENERAL PARTINER 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 filled to change a general partner.  CENERAL PARTNER INFORMATION  OCCUMENT  NAME  P97000085200  VENICE NORTHHAIR, INC.  STREET ADDRESS  CITY-ST-2P  DODUMENT  NAME  SIRRET ADDRESS  CITY-ST-2P  COCUMENT  NAME  SIRRET ADDRESS  CITY-ST-2P  CITY-ST-2P  COCUMENT  NAME  SIRRET ADDRESS  CITY-ST-2P  COCUMENT  NAME  SIRRET ADDRESS  CITY-ST-2P  CITY-ST-2P  COCUMENT  NAME  SIRRET ADDRESS  CITY-ST-2P  CITY-ST-2P  COCUMENT  NAME  SIRRET ADDRESS  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  COCUMENT  NAME  SIRRET ADDRESS  CITY-ST-2P  CITY-ST-2										
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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:** 

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