


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000001009</b> 1. Entity Name VENTURE ACQUISITION, LLLP					
Principal Place of Business 1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH, FL 33401			Mailing Address 1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH, FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0840905	
5. Certificate of Status Desired <b>XX</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ECCLESTONE, E. LLWYD 1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH, FL 33401				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date \$1,000.00			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P98000030683		STREET ADDRESS		
NAME	NORTH COUNTY HOME COMPANY		CITY-ST-ZIP		
STREET ADDRESS	1555 PALM BEACH LAKES BLVD., SUITE 1100		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 820, Florida Statutes					
NORTH COUNTY HOME COMPANY <b>SIGNATURE BY: Ron Cooper</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4/1/04 561/686-2000 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE

