2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

DO NOT WRITE IN THIS SPACE

DOCUMENT # A98000001009

1. Entity Name

VENTURE ACQUISITION, LLLP

FILED Mar 02, 2007 08:00 A **Secretary of State**

Principal Place of Business

1555 PALM BEACH LAKES BLVD.

SUITE 1100 WEST PALM BEACH, FL 33401 Mailing Address

C/O FLORIDA MANAGEMENT COMPANY

P.O. BOX 3267

WEST PALM BEACH, FL 33402



01092007 No Chg-LP

CR2E003 (12/06)

4. FFI Number 65-0840905

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ECCLESTONE, E. LLWYD 1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH, FL 33401

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

DATE

FILE NOW!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

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/13/07-80064-006 508.75

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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.

GENERAL PARTNER INFORMATION 12. DOCUMENT # P98000030683 NORTH COUNTY HOME COMPANY NAME STREET ADDRESS 1555 PALM BEACH LAKES BLVD., SUITE 1100 CITY-ST-ZIP WEST PALM BEACH, FL 33401 DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP DOCUMENT A CHECK NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

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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 exactly the this report as required by Chapter 620, Florida Statutes

SIGNATURE: