

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001009**

1. Entity Name
VENTURE ACQUISITION, LTD.



FILED

03 APR 10 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-0840905**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

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

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

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

DATE

9. Capital Contributions
as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions
in FLORIDA to date. **\$1,000.00**

11. MAKE CHECK PAYABLE TO FL. 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**

13. **ADDRESS CHANGES ONLY**

DOCUMENT # **00000000000000000000000000000000**
NAME **Home**
STREET ADDRESS **NORTH COUNTY SALES COMPANY**
CITY-ST-ZIP **1555 PALM BEACH LAKES BLVD., SUITE 1100
WEST PALM BEACH FL 33401**

STREET ADDRESS

CITY-ST-ZIP

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*Amend
Filed
2/12/03
Clerk*

**000015649050
04/10/03--01070--005 **150.00**

M THOMAS

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: **NORTH COUNTY HOME COMPANY**
BY: Cron-Cooper, Treasurer

3/1/03 561/686-2000

Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

0003149 AV

CR2E003 (10/02)