## 2006 LIMITED PARTNERSHIP ANNUAL REPORT . Due By May 1, 2006

SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT #A98000002092 06 MAY -1 AM 9: 39 1. Entity Name VENTURE RENTALS LTD. Principal Place of Business Mailing Address 4104 - 20TH STREET WEST 4104 - 20TH STREET WEST BRADENTON, FL 34205 BRADENTON, FL 34205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For 65-0864515 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREGORIA RIC GOLDMAN, STANELY Street Address (P.O. Box Number is Not Acceptable) 4104 - 20TH STREET WEST BRADENTON, FL 34205 200 5 Zinc 04236 SARASOVA 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 applica FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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 ADDRESS CHANGES ONLY DOCUMENT # P98000077918 STREET ADDRESS VENTURE RENTALS CORP. NAME STREET ADDRESS 4104 - 20TH STREET WEST CITY-ST-ZIP CITY-ST-7IP BRADENTON, FL 34205 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STRÉET ADDRESS CITY-ST-7IP CITY# ST-ZIP

14. I hereby certify that the information supplied with this filling 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED WAS AND THE STATE OF S

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