


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

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001368</b>			
1. Entity Name <b>PALM VENTURE PARTNERS 1, LTD.</b>			
Principal Place of Business <b>2704 HIBISCUS COURT PUNTA GORDA, FL 33950</b>		Mailing Address <b>P.O. DRAWER 511447 PUNTA GORDA, FL 33951-1447</b>	
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 <b>65-0942931</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HACKETT, JACK O II ESQ 99 NESBIT ST. PUNTA GORDA, FL 33950</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record <b>\$99,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<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 #	<b>P99000072864</b>	STREET ADDRESS	
NAME	<b>PALM FLORIDA MANAGEMENT, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>2704 HIBISCUS COURT</b>		
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>		
DOCUMENT #		STREET ADDRESS	<b>000000157859</b>
NAME		CITY-ST-ZIP	<b>05/06/04-80045-016 526.25</b>
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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 620, Florida Statutes.			
SIGNATURE: <i>Richard D Palmer Jr</i>		3/19/04 941 639-9668	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE