2003 LIMITED PARTNERSHIP

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DOCUMENT # A9900001368 1. Entity Name PALM VENTURE PARTNERS 1, LTD.									FILED 03 SEP 24 PM 5: 06 SECTION SEE FRONTS			
Principal Place of Business 2704 HIBISCUS COURT PUNTA GORDA FL 33950					ailing Address O. DRAWER 511447 INTA GORDA FL 33951				THE SEE FUOR	TE DA 		
Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc.					Suite, Apt. #, etc.				DUE BY MAY 1, 2003			
City & State				17	City & State				4. FEI Number	65-0942931		Applied For Not Applicable
Zip	Country			1	Zip	ntry		5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent							I		7. Name and A	ddress of New Regis	tered Age	ent
HACKETT, JACK O II ESQ							Name					
99 NÉSBIT ST.							Street Add	dress (F	P.O. Box Number	is Not Acceptable).		
PUNTA GORDA FL 33950												
7 .							City FL Zip Code					
	named entity			r the p	ourpose of changing its	registe	red office or re	egistere	ed agent, or both,	in the State of Florida.		niliar with, and accept
SIGNATURE	Signature, typed o	or printed na	ame of registered agent	and title i	f applicable.					 -	DATE	-
9. Capital Contributions as Shown on record. \$99,000.00 (10. Amount of Callin FLORIDA to									20.00	11. MAKE CHECK PA	YABLE TO	FL. DEPT. OF STATE EE INFORMATION
40 0.101111	Α Θ	ENER/	AL PARTNER T	HAT V NO	IS A BUSINESS EN	ITITY N	JUST BE RE	EGIST	00.00 ERED AND AC	TIVE WITH THIS O	FFICE.	
NOTE: General Partners MAY NOT be changed on the GENERAL PARTNER INFORMATION										ADDRESS CHANG		
DOCUMENT # NAME	P99000072 PALM FLO	RIDA M	IANAGEMENT, I	INC.		STF	REET ADDRESS			<u>-</u>		
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017.F.L.E

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 employers to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE:

SIGNATURE:

Date

Dayline Phone *