


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

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #A99000001720</b> 1. Entity Name <b>VENTURE HOSPITALITY PARTNERS, LTD.</b>	
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Principal Place of Business <b>819 PINEDALE ROAD</b> <b>FT. WALTON BEACH, FL 32547</b>	Mailing Address <b>% SOUTHERN VENTURES CORP</b> <b>P.O. BOX 456</b> <b>FT. WALTON BEACH, FL 32549</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02222007 Chg-LP CR2E003 (12/06)

4. FEI Number <b>59-3611362</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>LARSON, LOWELL C JR.</b> <b>819 PINEDALE ROAD</b> <b>FT. WALTON BEACH, FL 32547</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
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000086154	STREET ADDRESS	
NAME	SOUTHERN VENTURES OF OKALOOSA	CITY-ST-ZIP	
STREET ADDRESS	819 PINEDALE ROAD		
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547		
DOCUMENT #		STREET ADDRESS	000000679260
NAME		CITY-ST-ZIP	04/03/07-80030-021 500.00
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: \_\_\_\_\_ 3/21/07 863 3243  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

*Lowell C Larson, Jr*

STAPLE CHECK HERE