


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000002130 1. Entity Name ESP VENTURES, LTD.	
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Principal Place of Business 2341 GULF SHORE BLVD. NORTH NAPLES, FL 34103	Mailing Address 5811 PELICAN BAY BLVD., #600 NAPLES, FL 34108
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country
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City & State	City & State
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Zip	Country
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4. FEI Number 59-3615340	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BAKER P.A. 5811 PELICAN BAY BLVD., STE. 600 NAPLES, FL 34108	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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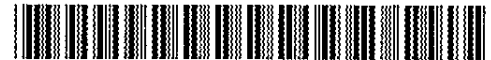
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01202004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3615340

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

State **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 _____ DATE _____

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

9. Capital Contributions as Shown on record. **\$10,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$10,000,000.00**

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 # **P99000109133**

NAME **ESP VENTURES, INC.**

STREET ADDRESS **2341 GULF SHORE BLVD. NORTH**

CITY-ST-ZIP **NAPLES, FL 34103**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

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)(f), 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: *Edgar S. Poltier* **4/2/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

STAPLE CHECK HERE