

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 23 AM 11:04

DOCUMENT # A99000002130 1. Entity Name ESP VENTURES, LTD.					
Principal Place of Business 2341 GULF SHORE BLVD. NORTH NAPLES, FL 34103			Mailing Address 5811 PELICAN BAY BLVD., #600 NAPLES, FL 34108		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Porter Wright Morris Arthur			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 5801 Pelican Bay Blvd #300			
City & State		City & State Naples, FL			
Zip	Country	Zip 34108	Country	4. FEI Number 59-3615340	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 Porter Wright Morris & Arthur LLP Street Address (P.O. Box Number is Not Acceptable) 5801 Pelican Bay Blvd., Suite 300 City Naples	
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: <u>Robert Stommel</u> <u>Robert Stommel</u> 3/24/08 <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000109133 ESP VENTURES, INC. 2341 GULF SHORE BLVD. NORTH NAPLES, FL 34103		STREET ADDRESS CITY-ST-ZIP	100125113991 04/22/08--01042--007 **500.00	
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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: <u>Peter J. Peltier</u> <u>Peter J. Peltier</u> 3/27/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE