2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

B0200000146 **DOCUMENT#**

1. Entity Name

BALLAST POINT VENTURES, L.P.

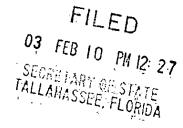


Principal Place of Business THE RAYMOND JAMES FINANCIAL CENTER 880 CARILLON PARKWAY ST. PETERSBURG FL 33716

Mailing Address
THE RAYMOND JAMES FINANCIAL CENTER

880 CARILLON PARKWAY

ST. PETERSBURG FL 33716





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Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003	
City & State		City & State		4. FEI Number Applied For 33 - 100 4481 Not Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			· 	7. Name and Address of New Registered Agent	
	, DREW A		Name	Address of New Registered Agent	
THE RAYMOND JAMES FINANCIAL CENTER			Street Addr	ress (P.O. Box Number is Not Acceptable)	
880 CARILLON PARKWAY			,		
ST. PETERSBURG FL 33716			City		
0.71				FL Zip Code	
8. The above	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and accept	
uio obliga	tions of registered agent.			,	
SIGNATURE -	Cinnatura	<u> </u>			
9. Capital Co	Signature, typed or printed name of registered agent a			DATE	
as Shown	on record.	10. Amount of Capit in FLORIDA to d	ate.	11. MAKE SHECK PAYABLE TO FL. DEPT. OF STATE SEE RESEARCH DESCRIPTION FEE INFORMATION	
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS EN Y NOT be changed on ti	TITY MUST BE REC	GISTERED AND ACTIVE WITH THIS OFFICE. ment must be filed to change a general partner.	
12.	GENERAL PARTNER	INFORMATION	13.	ADDRESS CHANGES ONLY	
DOCUMENT #	B02000000145	<u> </u>		ADDITES CHANGES ONLY	
NAME			STREET ADDRESS	•	
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP	ST. PETERSBURG FL 33716	ERSBURG FL 33716		800012226708	
DOCUMENT #			CIDEL ADDRESS	02/10/0301093017 **526.25	
NAME STREET ADDRESS			STREET ADDRESS	OF 10.00 01000 011 ***********************	
CITY-ST-ZIP		-	CITY-ST-ZIP		
DOCUMENT #		- +			
NAME Street address	•		STREET ADDRESS		
CITY-ST-ZIP		,	CITY-ST-ZIP		
DOCUMENT # NAME			STREET ADDRESS	1	
STREET ADDRESS			<u> </u>		
CITY-ST-ZIP			CITY-ST-ZIP	1158	
DOCUMENT # NAME		-	STREET ADDRESS	101	
STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			CYPEST NO.		
NAME OVERET LEBESCO			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
	with the state of the	<u> </u>			
14. Thereby ce	ertify that the information supplied with th	is filing done not qualify for t	be everyther at the		

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: