

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B02000000146

1. Entity Name
BALLAST POINT VENTURES, L.P.



FILED
03 FEB 10 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number

33-1004481

Applied For

Not Applicable

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

GRAHAM, DREW A
THE RAYMOND JAMES FINANCIAL CENTER
880 CARILLON PARKWAY
ST. PETERSBURG FL 33716

Name

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

City

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

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

DATE

9. Capital Contributions
as Shown on record.

\$15,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE BUSINESS AND FEE INFORMATION

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 # B02000000145
NAME BALLAST POINT VENTURE PARTNERS, L.P.
STREET ADDRESS THE RAYMOND JAMES FINANCIAL CENTER
CITY-ST-ZIP ST. PETERSBURG FL 33716

STREET ADDRESS

CITY-ST-ZIP

800012226708

DOCUMENT #
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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)(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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)