

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # B02000000157 1. Entity Name BALLAST POINT VENTURES EF, 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		
2. Principal Place of Business Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc			
City & State Zip		City & State Zip		4. FEI Number 32-0013856 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAHAM, DREW A THE RAYMOND JAMES FINANCIAL CENTER 880 CARILLON PARKWAY ST. PETERSBURG FL 33716				7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR 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 880 CARILLON PARKWAY CITY - ST - ZIP ST. PETERSBURG FL 33716				STREET ADDRESS CITY - ST - ZIP	
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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: 				1126104	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					



MOORE CR2E003 (11/03)

STAPLE CHECK HERE