



**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # B02000000303</b> 1. Entity Name SOUTH OCEAN VENTURES, L.P.				SEC. OF STATE DIVISION OF CORPORATIONS 06 FEB 14 AM 11:18	
Principal Place of Business 1209 ORANGE STREET, CORPORATION TRUST CENT ER WILMINGTON, DE		Mailing Address 1700 SEAPORT BLVD., 4TH FL REDWOOD CITY, CA 94063			
2. Principal Place of Business 777 East William Street Suite, Apt. #, etc. Suite # 201		3. Mailing Address Suite, Apt. #, etc.			
City & State Carson City NV		City & State			
Zip 89701		Country USA			
4. FEI Number 77-0527996		01122006 Chg-LP CR2E003 (11/05)		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	F02000004638		STREET ADDRESS	777 E. William St. Ste 201	
NAME	CLARK VENTURES, INC.		CITY-ST-ZIP	Carson City, NV 89701	
STREET ADDRESS	1700 SEAPORT BLVD., 4TH FL		STREET ADDRESS		
CITY-ST-ZIP	REDWOOD CITY, CA 94063		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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>Laurel Austin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			2/8/06 650-210-5100 <small>Date Daytime Phone #</small>		

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