


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**

**08 JAN 29 PM 2:59**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

<b>DOCUMENT # B02000000303</b>	
1. Entity Name SOUTH OCEAN VENTURES, L.P.	

Principal Place of Business 777 EAST WILLIAM STREET SUITE 201 CARSON CITY, NV 89701	Mailing Address 1700 SEAPORT BLVD., 4TH FL REDWOOD CITY, CA 94063
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address 1080 MARSH ROAD SUITE 100 MENLO PARK CA 94025 Country
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01152008 Chg-LP CR2E003 (12/06)

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

**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	F02000004638 CLARK VENTURES, INC. 777 E WILLIAM ST STE 201 CARSON CITY, NY 89701	STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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: Lawrence Austin, Sec of G.P. 1/15/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #