



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # B97000000600					
1. Entity Name WINTHROP VENTURE FUND, LTD.					
Principal Place of Business 318 N. CARSON STREET, STE. 208 CARSON CITY, NV 89701-4269			Mailing Address 140 ROYAL PALM WAY, STE. 202 PALM BEACH, FL 33480		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 86-0876845				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
METTLER, PETER W 140 ROYAL PALM WAY, STE. 202 PALM BEACH, FL 33480			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. \$332,500.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	F97000005061		STREET ADDRESS		
NAME	WINTHROP VENTURE MANAGEMENT, INC.		CITY- ST- ZIP		
STREET ADDRESS	140 ROYAL PALM WAY, STE. 202				
CITY- ST- ZIP	PALM BEACH, FL 33480				
DOCUMENT #			STREET ADDRESS	U00000156635	
NAME			CITY- ST- ZIP	05/06/04-80003-011 526.25	
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STREET ADDRESS					
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: 			Earl T. Shannon		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date 4-26-04		
			Daytime Phone #		

STAPLE CHECK HERE