


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

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000000061	
1. Entity Name MMC & MKC ENTERPRISES LIMITED PARTNERSHIP	

Principal Place of Business 3230 STIRLING ROAD, SUITE 1 HOLLYWOOD FL 33021	Mailing Address 3230 STIRLING ROAD, SUITE 1 HOLLYWOOD FL 33021
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 65-0976111	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 ENGELBERG, MORRIS ESQ. 3230 STIRLING ROAD, SUITE 1 HOLLYWOOD FL 33021	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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$300,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	CANTOR, WILLIAM M	STREET ADDRESS	
NAME	P.O. BOX 36	CITY-ST-ZIP	
STREET ADDRESS	MATTAPOISETT MA 02739		
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	U00000095695 03/24/04-80045-001 526.25
DOCUMENT #	BROWN, SUSANA C	STREET ADDRESS	
NAME	30 GREYSTONE ROAD	CITY-ST-ZIP	
STREET ADDRESS	DOVER MA 02030		
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #	BARNES, JOAN C	STREET ADDRESS	
NAME	8904 NORTH 84TH WAY	CITY-ST-ZIP	
STREET ADDRESS	SCOTTSDALE AZ 85258		
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #	VAN NOORDEN, KATHERINE	STREET ADDRESS	
NAME	17576 BRIDLE COURT	CITY-ST-ZIP	
STREET ADDRESS	JUPITER FL 33478		
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

STAPLE CHECK HERE

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **1-31-04** **508-542-900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #