

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

DOCUMENT # A0300001539

1. Entity Name

MAZZFAM LIMITED



Principal Place of Business
2174 SW BRADFORD PLACE
PALM CITY FL 34990

Mailing Address
2174 SW BRADFORD PLACE
PALM CITY FL 34990

FILED

04 JUN -4 PM 3:36

SECRETARY OF STATE
STATE OF FLORIDA



MOORE CR2E003 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-0342729

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOPKO, JAMES
853 SE MONTEREY COMMONS BLVD.
STUART FL 34996

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

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

DATE

9. Capital Contributions as Shown on record.

\$49,500.00

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 # P02000107221
NAME MAZZO REAL ESTATE, INC.
STREET ADDRESS 2174 SW BRADFORD PLACE
CITY-ST-ZIP PALM CITY FL 34990

STREET ADDRESS

CITY-ST-ZIP

900037850209

06/10/04 01000 000 **150.00

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 X

Joseph Mazzochi Sr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JOSEPH MAZZOCHI SR 4/28/04 (772) 286-6661

Date

Daytime Phone #

STAPLE CHECK HERE