2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A29451

1. Entity Name
MARKER INVESTMENT PROPERTIES, LTD.

Principal Place of Business	Mailing Address
P.O. BOX 775 POLK CITY, FL 33868	P.O. BOX 775 POLK CITY, FL 33868

05052004 Chg-LP CR2E003 (10/03)

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 59-2988828 ☐ Applied For ☐ Not Applicable

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
MARKER, ALVIN C 685 CR 559 A AUBURNDALE, FL 33823	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, type or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	$1,108,467.00	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 #		STREET ADDRESS	
NAME	MARKER, ALVIN C	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 775 N/A		
CITY-ST-ZIP	POLK CITY, FL 33868		
DOCUMENT #		STREET ADDRESS	U00000159940
NAME	MARKER BRUNO, DEBRA	CITY-ST-ZIP	05/13/04-80001-005 526.25
STREET ADDRESS	315 WHITE CLIFF BLVD		
CITY-ST-ZIP	AUBURNDALE, FL 33823		
DOCUMENT #		STREET ADDRESS	
NAME	MARKER DOBSON, JOYCE	CITY-ST-ZIP	
STREET ADDRESS	157 OLD NICHOLS CIR.		
CITY-ST-ZIP	ABURNDALE, FL 33823		
DOCUMENT #		STREET ADDRESS	
NAME	MARKER, VICTOR C	CITY-ST-ZIP	
STREET ADDRESS	16803 TUSCANOOGA ROAD		
CITY-ST-ZIP	GROVELAND, FL 32736		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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 or the receiver or trustee empowered to execute this report as required by Chapter 620 Florida Statutes

SIGNATURE: Debra Marker Bruno 5/1/04 863 907-2105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #