2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 20, 2006 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

04102006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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

MARKER, ALVIN C
685 CR 559 A
AUBURNDALE, FL 33823

DO NOT WRITE IN THIS SPACE

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, 2006, 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

DOCUMENT #	
NAME	MARKER, ALVIN C
STREET ADDRESS	P.O. BOX 775 N/A
CITY-ST-ZIP	POLK CITY, FL 33868
DOCUMENT #	
NAME	MARKER BRUNO, DEBRA
STREET ADDRESS	315 WHITE CLIFF BLVD
CITY-ST-ZIP	AUBURNDALE, FL 33823
DOCUMENT #	
NAME	MARKER DOBSON, JOYCE
STREET ADDRESS	157 OLD NICHOLS CIR.
CITY-ST-ZIP	ABURNDALE, FL 33823
DOCUMENT #	
NAME	MARKER, VICTOR C
STREET ADDRESS	16803 TUSCANOOGA ROAD
CITY-ST-ZIP	GROVELAND, FL 32736
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000521582
05/02/06-80139-024 500.00

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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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER