

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000002375 1. Entity Name MARVIN AND LYNN HECHT FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 4876 PINEVIEW CIRCLE DELRAY BEACH FL 33445	Mailing Address 4876 PINEVIEW CIRCLE DELRAY BEACH FL 33445
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0731462	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HECHT, MARVIN 4876 PINE VIEW CIRCLE DELRAY BEACH FL 33445	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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	11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable	DATE _____
9. Capital Contributions as Shown on record. \$264,010.00	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 #	HECHT, MARVIN	STREET ADDRESS	
NAME	4876 PINEVIEW CIRCLE	CITY - ST - ZIP	
STREET ADDRESS	DELRAY BEACH FL 33445		
CITY - ST - ZIP			
DOCUMENT #	HECHT, LYNN	STREET ADDRESS	U000000294874
NAME	4876 PINEVIEW CIRCLE	CITY - ST - ZIP	04/09/05-B0006-006 526.25
STREET ADDRESS	DELRAY BEACH FL 33445		
CITY - ST - ZIP			
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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Deputy Phone

4/4/05
571 401 0893