


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000002666 1. Entity Name MT FAMILY SUBPARTNERSHIP, LTD.					
Principal Place of Business C/O MARTIN W. TARPLIN 1177 KANE CONCOURSE, STE 201 BAY HARBOUR, FL 33154			Mailing Address C/O MARTIN W. TARPLIN 1177 KANE CONCOURSE, STE 201 BAY HARBOUR, FL 33154		
2. Principal Place of Business Suite, Apt #, etc. _____ City & State _____ Zip _____ Country _____			3. Mailing Address Suite, Apt #, etc. _____ City & State _____ Zip _____ Country _____		
4. FEI Number 65-0879656			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TAPLIN, MARTIN W 1177 KANE CONCOURSE, STE 201 BAY HARBOUR, FL 33154			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 _____ <small>Signature, typed or printed name of registered agent and office if applicable</small>					
9. Capital Contributions as Shown on record, \$100.00		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 #	P98000095891		STREET ADDRESS		
NAME	MT FAMILY CORPORATION		CITY-ST-ZIP		
STREET ADDRESS	1177 KANE CONCOURSE, STE 201		U000000187471 01/24/05-00015-002-150.00		
CITY-ST-ZIP	BAY HARBOUR, FL 33154		STREET ADDRESS		
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CITY-ST-ZIP			STREET ADDRESS		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			1/12/2005 Date Daytime Phone # _____		

MARTIN W. TAPLIN

STAPLE CHECK HERE