

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**FILED**  
**Jul 16, 2004 08:00 AM**  
**Secretary of State**

|  |  |
|--|--|
| DOCUMENT # A96000000505                      |  |
| 1. Entity Name<br>MAZOUREK ENTERPRISES, LTD. |  |



|  |  |
|--|--|
| Principal Place of Business<br>21224 NEVITT HILL ROAD<br>BROOKSVILLE, FL 34601 | Mailing Address<br>21224 NEVITT HILL ROAD<br>BROOKSVILLE, FL 34601 |
|--|--|



|  |  |
|--|--|
| 2. Principal Place of Business<br>Suite, Apt #, etc. | 3. Mailing Address<br>Suite, Apt #, etc. |
|--|--|

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

07012004 Chg-LP CR2E003 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3368421 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>MAZOUREK, ALVIN R<br>201 HOWELL AVE., STE. 300<br>BROOKSVILLE, FL 34601 |  |
|--|--|

|  |             |
|--|-------------|
| 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

|   |  |
|---|--|
| 9. Capital Contributions as Shown on record. \$5,000,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. \$926.25 |
|---|--|

**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 #                      | MAZOUREK, JENNIE          | STREET ADDRESS           |  |
| NAME                            | 21224 NEVITT HILL ROAD    | CITY - ST - ZIP          |  |
| STREET ADDRESS                  | BROOKSVILLE, FL 34601     |                          |  |
| CITY - ST - ZIP                 |                           |                          |  |
| DOCUMENT #                      | MAZOUREK, ALVIN R         | STREET ADDRESS           |  |
| NAME                            | 201 HOWELL AVE., STE. 300 | CITY - ST - ZIP          |  |
| STREET ADDRESS                  | BROOKSVILLE, FL 34601     |                          |  |
| CITY - ST - ZIP                 |                           |                          |  |
| DOCUMENT #                      | MAZOUREK, GEORGE C        | STREET ADDRESS           |  |
| NAME                            | 21224 NEVITT HILL ROAD    | CITY - ST - ZIP          |  |
| STREET ADDRESS                  | BROOKSVILLE, FL 34601     |                          |  |
| CITY - ST - ZIP                 |                           |                          |  |
| DOCUMENT #                      |                           | STREET ADDRESS           |  |
| NAME                            |                           | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                           |                          |  |
| CITY - ST - ZIP                 |                           |                          |  |
| DOCUMENT #                      |                           | STREET ADDRESS           |  |
| NAME                            |                           | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                           |                          |  |
| CITY - ST - ZIP                 |                           |                          |  |
| DOCUMENT #                      |                           | STREET ADDRESS           |  |
| NAME                            |                           | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                           |                          |  |
| CITY - ST - ZIP                 |                           |                          |  |

UD0000168825  
07/16/04 30014 001 926.25

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: _____  | 7/2/04 (352) 796-3732               |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | <small>Date Daytime Phone #</small> |