

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000000061**  
1. Entity Name  
**MMC & MKC ENTERPRISES LIMITED PARTNERSHIP**



Principal Place of Business: **3230 STIRLING ROAD, SUITE 1  
HOLLYWOOD FL 33021**  
Mailing Address: **3230 STIRLING ROAD, SUITE 1  
HOLLYWOOD FL 33021**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_



MOORE CR2E003 (11/03)

4. FEI Number: **65-0976111** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ENGELBERG, MORRIS ESQ.  
3230 STIRLING ROAD, SUITE 1  
HOLLYWOOD FL 33021**

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: **\$300,000.00**  
10. Amount of Capital Contributions in FLORIDA to date: \_\_\_\_\_  
11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	CANTOR, WILLIAM M	STREET ADDRESS	
NAME	P.O. BOX 36	CITY-ST-ZIP	
STREET ADDRESS	MATTAPOISETT MA 02739		
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #	BROWN, SUSANA C	STREET ADDRESS	
NAME	30 GREYSTONE ROAD	CITY-ST-ZIP	
STREET ADDRESS	DOVER MA 02030		
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #	BARNES, JOAN C	STREET ADDRESS	
NAME	8904 NORTH 84TH WAY	CITY-ST-ZIP	
STREET ADDRESS	SCOTTSDALE AZ 85258		
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #	VAN NOORDEN, KATHERINE	STREET ADDRESS	
NAME	17576 BRIDLE COURT	CITY-ST-ZIP	
STREET ADDRESS	JUPITER FL 33478		
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

STAPLE CHECK HERE

**SIGNATURE:**  **1-31-04** **508-542-900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **WILLIAM M. CANTOR, General Partner** Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_