2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

## FILED Apr 30, 2005 08:00 AM Secretary of State

	Due By	may 1, 200:	<b>)</b>		_		
DOCUMENT # A0000000061						Sec	retary of State
MMC & MKC ENTERPRISES LIMITED PARTNERSHIP							
Principal Place of Business Mailing Address 3230 STIRLING ROAD, SUITE 1 3230 STIRLING ROAD, S HOLLYWOOD, FL 33021 HOLLYWOOD, FL 3302				) 			
HOFFIMOOF	J, TL 33021	HOLLYWOOD, FL 33	UZ I		ן מו נושו וושומשו ו	מינולע ונוענע האונה האונה אונה מינולע ונוענע האונה אונה	FEIRE BERN WENN EWIN ERNIK ERNEN KERTIN DE 1871
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03142005	Chg-LP	CR2E003 (10/03)	
City & State		City & State		4. FEI Number 65-0976		Applied For Not Applicable	
Zip	Country	Zip	Cou	ntry		f Status Desired	CO 7E A 4 80 mm
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered Agent
ENGELBE	ERG, MORRIS ESQ.			Name			
3230 STIRLING ROAD, SUITE 1 HOLLYWOOD, FL 33021				Street Address (	P.O. Box Number	is Not Acceptal	ole)
				City			FL Zip Code
<ol> <li>The above the obligation</li> </ol>	a named ontity submits this statement for tions of registered agent.	r the purpose of changing i	ts register	red office or register	ed agent, or both	in the State of I	Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.			<del></del>	. 52	DATE
9. Capital Co as Shown	ontributions \$300,000.00	10. Amount of Cap in FLORIDA to		butions			
	A GENERAL PARTNER 1	HAT IS A BUSINESS E	NTITY N	IUST BE REGIST	ERED AND AC	TIVE WITH T	HIS OFFICE.
12.	NOTE: General Partners MA GENERAL PARTNER		the forn		t must be filed		general partner. HANGES ONLY
DOCUMENT #		Tall Sydnistro.		EET ADDRESS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WAGE CHEL
NAME STREET ADDRESS	CANTOR, WILLIAM M P.O. BOX 36		Şin	STHEET ADDRESS			
CITY-ST-ZIP	MATTAPOISETT, MA 02739		רתום	'-ST-ZIP			
DOCUMENT # NAME	BROWN, SUSANA C		STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	30 GREYSTONE ROAD DOVER, MA 02030		CITY-ST-ZIP			1100000	
DOCUMENT #	BARNES, JOAN C		STRI	EET ADDRESS	<del></del>	<del>- U0000</del> 04/30/05	<del>6345536</del> -80040-016 526.25
STREET ADDRESS CITY-ST-ZIP	3904 NORTH 84TH WAY SCOTTSDALE, AZ 85258	-	۲۲۱۵	-ST-ZIP		<del></del>	<del></del>
DOCUMENT # NAME	VAN NOORDEN, KATHERINE		STA	EET ADDRESS		<del></del>	
STREET ADDRESS CITY-ST-ZIP	17576 BRIDLE COURT JUPITER, FL 33478		CITY	-ST-ZIP			
DOCUMENT # NAME		<del> </del>	STAL	EET ADDRESS	<u> </u>		
STREET ADDRESS CITY-ST-ZIP	\ <u>\</u>		слу	- \$T-ZIP		<del></del>	
DOCUMENT # NAME			STRE	ET ADDRESS	<u></u>	<del></del>	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		<u> </u>	
14. I hereby of indicated the receiv	certify that the information supplied with on this report is true and accurate and er or trustee empowered to execute thi	this filing does not qualify for that my signature shall have s report as required by Cha	or the exe the same oter 620.	mption stated in Sec e legal effect as if m Florida Statutes	ction 119 07(3)(I), ade under oath; th	Florida Statutes nat I am a Gene	. I further certify that the information ral Partner of the limited partnership or