


2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Mar 03, 2006 08:00 AM
Secretary of State

| | | |
|-------------------------------|--|---|
| DOCUMENT # A00000000543 | |  |
| 1. Entity Name MARMI, LTD. | | |

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|---|---|
| Principal Place of Business 1515 UNIVERSITY DRIVE, SUITE 215 CORAL SPRINGS FL 33071 | Mailing Address 1515 UNIVERSITY DRIVE, SUITE 215 CORAL SPRINGS FL 33071 |
|---|---|



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E003 (10/05)

4. FEI Number **65-0142701** Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINSTEIN, ANDREW ESQ
1515 UNIVERSITY DR, STE 103
CORAL SPRINGS FL 33071

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 *Robert Scanlon* DATE **2-21-06**

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # | L00000000829 | STREET ADDRESS | |
| NAME | MARMI, L.C | CITY-ST-ZIP | |
| STREET ADDRESS | 1515 UNIVERSITY DRIVE, SUITE 215 | | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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 03/15/06 80006 004 508.75

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Robert Scanlon CEO* **2-28-06** **752 6329**