

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A00000001531

1. Entity Name
MARION GROUP, LTD.



FILED
2005 APR -8 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O HUNT, COOK, ET AL
2200 CORPORATE BLVD., N.W., SUITE 401
BOCA RATON, FL 33431

Mailing Address
C/O RS KAPLAN & COMPANY
1460 RT 9 N, STE 203
WOODBRIDGE, NJ 07095

2. Principal Place of Business
2300 GLADES ROAD

Suite, Apt. #, etc.
SUITE 400 EAST

City & State
BOCA RATON FL

Zip
33431

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

02022005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-1048521

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HCRM CORP.
2200 CORPORATE BLVD., N.W., SUITE 401
BOCA RATON, FL 33431

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$999,009.99

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

DOCUMENT # P00000063226
NAME MARION GROUP OF SOUTH FLORIDA, INC.
STREET ADDRESS 2200 CORPORATE BLVD., N.W., SUITE 401
CITY-ST-ZIP BOCA RATON, FL 33431

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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CITY-ST-ZIP

000054030680
05/06/05--01112--012 **526.25

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: *Samuel Xerox*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/4/05 (561)
496-4940
Date Daytime Phone