


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 20 AM 11:27

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| DOCUMENT # A00000001531 |  |
| 1. Entity Name MARION GROUP, LTD. | |

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| Principal Place of Business 2300 GLADES ROAD STE 400 EAST BOCA RATON, FL 33431 | Mailing Address C/O RS KAPLAN & COMPANY 1460 RT 9 N, STE 203 WOODRIDGE, NJ 07095 |
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|--|--|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 39 MILLTOWN ROAD |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. 1A |
| City & State | City & State EAST BRUNSWICK NJ |
| Zip | Country |
| 08816 | U.S. |

02252008 Chg-LP CR2E003 (12/06)

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|---|--------------------------------|
| 4. FEI Number 65-1048521 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MILLER, LAWRENCE 2300 GLADES RD SUITE 400 EAST 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 |
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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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 # NAME STREET ADDRESS CITY-ST-ZIP | P00000063226 MARION GROUP OF SOUTH FLORIDA, INC. 2200 CORPORATE BLVD., N.W., SUITE 401 BOCA RATON, FL 33431 | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | 300120815449 03/20/08--01022--004 **500.00 |
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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: *Samuel A. Hume* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date _____ Daytime Phone # _____

STAPLE CHECK HERE