

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

FILED
04 MAY -7 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000192 1. Entity Name MARKOR, LTD.	
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Principal Place of Business 251 SOUTHERN BOULEVARD WEST PALM BEACH, FL 33405	Mailing Address 251 SOUTHERN BOULEVARD WEST PALM BEACH, FL 33405
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2. Principal Place of Business	3. Mailing Address	Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State	Zip	Country



04272004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1073994 APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KRASKER, PAUL A ESQ. 625 N. FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH, FL 33401	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.

9. Capital Contributions as Shown on record. \$49,500.00	10. Amount of Capital Contributions in FLORIDA to date. \$49,500.00
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**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 # P01000013586 NAME MARKORVILLER, INC. STREET ADDRESS 251 SOUTHERN BOULEVARD CITY-ST-ZIP WEST PALM BEACH, FL 33405	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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STAPLE CHECK HERE

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: Mark Rodberg President **MARK RODBERG** 4/28/04 261-373-8005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #