

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

**DOCUMENT # A01000000192**

1. Entity Name  
**MARKOR, LTD.**



Principal Place of Business  
**251 SOUTHERN BOULEVARD**  
**WEST PALM BEACH, FL 33405**

Mailing Address  
**251 SOUTHERN BOULEVARD**  
**WEST PALM BEACH, FL 33405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272004 Chg-LP CR2E003 (10/03)

4. FEI Number **65-1073994** Applied For  
**APPLIED FOR** Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRASKER, PAUL A ESQ.**  
**625 N. FLAGLER DRIVE, 9TH FLOOR**  
**WEST PALM BEACH, FL 33401**

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. **\$49,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$49,500.00**

**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 # **P01000013586**  
NAME **MARKORVILLER, INC.**  
STREET ADDRESS **251 SOUTHERN BOULEVARD**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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* **MARK RODBERG**  
**President**

**4/28/04** **261-373-8005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

FILED

04 MAY -7 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

