

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004

DOCUMENT # A01000000780

1. Entity Name  
MARCELINA, LLLP



FILED  
04 JUL -1 AM 9:39  
STATE OF FLORIDA  
TALLAHASSEE  
MJH  
04 JUL  
SEEN  
TALLA

Principal Place of Business  
341 PLANT AVE. SOUTH  
TAMPA FL 33606

Mailing Address  
341 PLANT AVE. SOUTH  
TAMPA FL 33606



MOORE CR2E003 (11/03) 71

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
59-3723475

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

6. Name and Address of Current Registered Agent -  
INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE., 28TH FLOOR  
MIAMI FL 33131

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

9. Capital Contributions as Shown on record. \$10,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 #	NAME	STREET ADDRESS	CITY - ST - ZIP
P99000006909	MLDJ II, INC.	341 PLANT AVE. SOUTH	TAMPA FL 33606

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY - ST - ZIP
900038745509	07/06/04--01031--024 **376.25
900038745509	07/06/04--01031--023 **158.75

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: *W. J. Brock* 4/24/04 813.251.9701

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