


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 8, 2004**

8526.25
FILED
Sep 28, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000000298 1. Entity Name MARTINELLI HOLDINGS, LTD.	
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Principal Place of Business 1801 SW 68TH AVE. PLANTATION FL 33317	Mailing Address 1801 SW 68TH AVE. PLANTATION FL 33317
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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MOORE CR2E003 (4/04)

6. Name and Address of Current Registered Agent CAREY, MARY ELLEN 1801 SW 68TH AVE. PLANTATION FL 33317	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. **\$1,461,200.00**
10. Amount of Capital Contributions in FLORIDA to date.

11. FILE NOW!!! Due by September 8, 2004!
See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. ☒
We were out of state for 2 months see note

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 #	L02000004091	STREET ADDRESS	
NAME	HMTAK, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	1801 SW 68TH AVE.		
CITY-ST-ZIP	PLANTATION FL 33317		
DOCUMENT #		STREET ADDRESS	U00000172548
NAME		CITY-ST-ZIP	09/28/04-80001-004 526.25
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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: Mary Ellen Carey **9/15/04** **9547929573**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #