


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> A02000000298	
<b>1. Entity Name</b> MARTINELLI HOLDINGS, LTD.	

<b>Principal Place of Business</b> 1801 SW 68TH AVE. PLANTATION FL 33317	<b>Mailing Address</b> 1801 SW 68TH AVE. PLANTATION FL 33317
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1ST MOORE CR2E003 (10/04)

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number</b> 01-0605036	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	
CAREY, MARY ELLEN 1801 SW 68TH AVE. PLANTATION FL 33317	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

<b>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.</b>	
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable	<b>DATE</b>
<b>9. Capital Contributions as Shown on record.</b> \$1,461,200.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b> 1,431,760

**FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

**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	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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**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**

<b>SIGNATURE:</b> <i>Mary Ellen Carey</i>	<i>4/5/05</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date
	Daytime Phone #

STAPLE CHECK HERE