


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A02000001370		
1. Entity Name MAJOR SONGS, LTD.		

FILED  
2005 APR 25 PM 12: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 4185 LIVE OAK BLVD. DEL RAY BEACH, FL 33445	Mailing Address 4185 LIVE OAK BLVD. DEL RAY BEACH, FL 33445
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2. Principal Place of Business 4545 N.Ocean Blvd.	3. Mailing Address 4545 N. Ocean Blvd.
Suite, Apt. #, etc. Suite 7-C	Suite, Apt. #, etc. Suite 7-C
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33431	Country U.S.A

04082005 Chg-LP CR2E003 (10/03)

4. FEI Number 32-0032423	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  JACOBOWITZ, MELVIN J 11900 BISCAYNE BLVD., SUITE 720 MIAMI, FL 33181
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. \$3,701,656.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY-ST-ZIP	L02000023196 MS, LLC 4185 LIVE OAK BLVD. DEL RAY BEACH, FL 33445	STREET ADDRESS CITY-ST-ZIP	4545 N.Ocean Blvd., #7-C Boca Raton, FL 33431
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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

SIGNATURE: 	MS, LLC By: Jeff Sigman, Treasurer	317-571-1364
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>

STAPLE CHECK HERE