


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

FILED
Feb 16, 2004 08:00 AM
Secretary of State

| | | | |
|--|-----------------------|---|---------|
| DOCUMENT # A02000001646 | |  | |
| 1. Entity Name MARDA ENTERPRISES LIMITED PARTNERSHIP | | | |
| Principal Place of Business 6568 SAND SPUR LANE FT MYERS FL 33919 | | Mailing Address 6568 SAND SPUR LANE FT MYERS FL 33919 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent REARDON, MARY C 6568 SAND SPUR LANE FT MYERS FL 33919 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | |
| 9. Capital Contributions as Shown on record. \$495,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. 200,000.00 | |
| 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 | | 13. ADDRESS CHANGES ONLY | |
| DOCUMENT # | P02000102991 | STREET ADDRESS | |
| NAME | MARKA GROUP, INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 6568 SAND SPUR LANE ✓ | | |
| CITY-ST-ZIP | FT MYERS FL 33919 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | | |



MOORE CR2E003 (11/03)

4. FEI Number 22-3887498
☐ **Applied For**
☐ **Not Applicable**

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

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 C. Reardon General Partner 2/3/04 2394812202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE