


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000001646</b> 1. Entity Name <b>MARDA ENTERPRISES LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>6568 SAND SPUR LANE</b> <b>FT MYERS, FL 33919</b>	Mailing Address <b>6568 SAND SPUR LANE</b> <b>FT MYERS, FL 33919</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02222005 Chg-LP CR2E003 (10/03)

4. FEI Number <b>22-3887498</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>REARDON, MARY C</b> <b>6568 SAND SPUR LANE</b> <b>FT MYERS, FL 33919</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____
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9. Capital Contributions as Shown on record. <b>\$495,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>313,852</b>
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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 #	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	U000000255346
NAME		CITY-ST-ZIP	03/08/05-80010-022 526.25
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 C. Reardon, General partner</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date <i>2/28/05</i> Daytime Phone # <i>239 481 2202</i>
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