
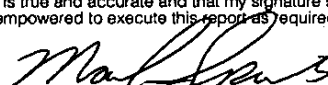


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A03000000125					
1. Entity Name M & K SPIRTIS FAMILY LTD.					
Principal Place of Business 800 HARBOUR ISLES PLACE NORTH PALM BEACH, FL 33410			Mailing Address 800 HARBOUR ISLES PLACE NORTH PALM BEACH, FL 33410		
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 GLASSER, GENE K C/O ABRAMS ANTON, P.A. 2021 TYLER STREET HOLLYWOOD, FL 33020				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. \$6,468,125.00		10. Amount of Capital Contributions in FLORIDA to date. 6,058,000		526.75	
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		
STREET ADDRESS	SPIRTIS, MARK		CITY-ST-ZIP		
CITY-ST-ZIP	800 HARBOUR ISLES PLACE NORTH PALM BEACH, FL 33410				
DOCUMENT #	NAME		STREET ADDRESS		
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CITY-ST-ZIP					
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DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
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					
SIGNATURE: 			4-25-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

FILED

2005 APR 29 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04222005 Chg-LP CR2E003 (10/03)

4. FEI Number 55-0823390 Applied For Not Applicable

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

STAPLE CHECK HERE

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05/24/05--01056--009 **526.75