

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 12 PM 12:40

DOCUMENT # A03000000512

1. Entity Name
 MSS FAMILY PARTNERSHIP, LLLP



Principal Place of Business
 5121 WEST OAKLAND PARK BLVD.
 SUITE K103
 LAUDERDALE LAKES, FL 33313 US

Mailing Address
 5700 N. FEDERAL HWY.
 SUITE 2
 FORT LAUDERDALE, FL 33308 US



2. Principal Place of Business
 5700 N. FEDERAL HWY

3. Mailing Address

Suite, Apt. #, etc.
 SUITE 2

Suite, Apt. #, etc.

City & State
 FORT LAUDERDALE FL

City & State

Zip
 33308

Country
 U.S.A

Zip

Country

02122004 Chg-LP CR2E003 (10/03)

4. FEI Number
 43-2007704

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SEAVEY, MITCHELL S
 5700 N. FEDERAL HWY.
 SUITE 2
 FORT LAUDERDALE, FL 33308

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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions
 as Shown on record. \$0.00

10. Amount of Capital Contributions
 in FLORIDA to date. 242,842.00

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

DOCUMENT #
 NAME SEAVEY, RITA
 STREET ADDRESS 5121 W. OAKLAND PARK BLVD. #K103
 CITY-ST-ZIP LAUDERDALE LAKES, FL 33313

13. ADDRESS CHANGES ONLY

STREET ADDRESS 5700 North Federal Hwy Ste 2
 CITY-ST-ZIP Fort Lauderdale FL 33308

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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

SIGNATURE: Rita Seavey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/8/2004
 Date Daytime Phone #

STAPLE CHECK HERE