2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED May 16, 2005 08:00 AN Secretary of State

DOCUMENT # A0300000653 1. Entity Name THE NAWROCKI FAMILY LIMITED PARTNERSHIP NO. 1					Secretary of State	
Principal Place of Business 445 S. BANANA RIVER BLVD. COCOA BEACH, FL 32931		Mailing Address 445 S. BANANA RIVER BLVD. COCOA BEACH, FL 32931		A MARINA IN A MERINA MINI MENIA MENIA	MBILL MBILL MATT MBITM BILST BILDE SSIMIC SC 1885	
2. Principal f	Place of Business	3. Mailing Address				
Suite, Apt, #, etc.		Suite, Apt. #, etc.			04292005 Chg-LP	CR2E003 (10/03)
City & Sta	le <u> </u>	City & State			4. FEI Number 43-2012567	Applied For Not Applicable
Zip	Country	Zip	Count	ry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent		Name	7. Name and Address of New	Registered Agent
445 S. BA	KI, GARY C NANA RIVER BLVD.			Street Address (P.O. Box Number is Not Acceptat	ole)
COCOAB	EACH, FL 32931					
				City		FL Zip Code
signature 9. Capital Co	tions of registered agent. Signature, typed of printed name of registered agent.	·	Capital Contrib			Florida. I am familiar with, and accept
as shown	A GENERAL PARTNE	R THAT IS A BUSINESS	ENTITY MI	JST BE REGIST	FERED AND ACTIVE WITH T	HIS OFFICE.
12.		NER INFORMATION	13.			HANGES ONLY
NAME STREET ADDRESS	NAWROCKI, GARY C 445 S. BANANA RIVER BLVD. COCOA BEACH, FL 32931			T ADDRESS		·
CITY-ST-ZIP				ST-ZIP		
DOCUMENT # NAME STREET ADDRESS	NAWROCKI, BARBARA L. ORESS 445 S. BANANA RIVER BLVD.			ST-ZIP	Vanna	0366678
DOCUMENT #					05/16/05	<u>-80002-005 526.25</u>
NAME STREET ADDRESS CITY-ST-ZIP	ET ADDRESS 445 S. BANANA RIVER BLVD.			T ADDRESS ST-ZIP		
DOCUMENT #		 	STREE	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-:	ST-ZIP		
CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS			STREE	TADDRESS		
			CITY-	ST-ZIP		
DOCUMENT # NAME STREET ADDRESS	,		STREE	T ADDRESS		
CITY-ST-ZIP	<u> </u>	·	L	ST-ZIP		
14. I hereby of indicated the received	certify that the information supplied on this report is true and accurate ver or trustee empowered to execut	with this filling does not quality and that my signature shall he is this report as required by C	fy for the exem- lave the same Chapter 620, F	nption stated in Se legal effect as if m louida Statutes	ction 119.07(3)(i), Florida Statutes nade under oath; that I am a Gene	s. I further certify that the information eral Partner of the limited partnership or