## 2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

| DOCU   |   | AY 1, 2005                                   |                 | a TILLEDON  | 1   |  |  |  |
|--|---|--|-----------------|---|---|--|--|--|
| 1. Entity Nar  | MENT # A030000015   | 19<br>                                       |                 |   |   | •  |  |  |
| MAZZFAM LIMITED  |   |  |                 |   | 05 APR 29 PM 5: 55                                    |  |  |  |
| Principal Pla  | ce of Business  | Mailing Address                              | Mailing Address |   | 75 APR 29 PM  |  |  |  |
| 2174 SW BRADFORD PLACE<br>PALM CITY FL 34990   |   | 2174 SW BRADFORD PLACE<br>PALM CITY FL 34990 |                 | TALLAHARY OF SAMANU WINNING                         |   |  |  |  |
| 2. Principal Place of Business   |   | 3. Mailing Address                           |                 | 1/1/  |   |  |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                          |                 | 1ST MOORE CR2E003 (10/04)                           |   |  |  |  |
| City & State   |   | City & State                                 |                 | 4. FEI Number 20-3427269 Applied For Not Applicable |   |  |  |  |
| Zip  | Country   | Zip  | Cou             | ntry  | 5. Certificate of Statu                               | us Desired   | \$8.75 Additional<br>Fee Required  |  |
|  | 6. Name and Address of Current  | Registered Agent                             |                 | Name  | 7. Name and Addres                                    | ss of New Registered   | l Agent  |  |
| so   | SOPKO, JAMES  |  |                 |   |   |  |  |  |
| 853 SE MONTEREY COMMONS BLVD.<br>STUART FL 34996   |   |  |                 | Street Address (P.O. Box Number is Not Acceptable)  |   |  |  |  |
|  |   |  |                 | City  |   | F  | Zip Code   |  |
|  | e named entity submits this statement fite of Florida. I am familiar with, and acc    |  |                 |   | tered agent, or both,                                 |  | <b>-</b>   |  |
| SiGNATURE  Signature, typed or printed name of registered agent and title if applicable          |   |  |                 | DATE  |   | 11. FILE NOW!!! Due by May 1, 2005.  See Block 11 instructions for fee info. |  |  |
| 9. Capital Contributions as Shown on record. \$49,500.00 10. Amount of Capital in FLORIDA to dat |   |  |                 | ibutions  |   | 7 435a   | <b>ੂ</b>   |  |
|  | A GENERAL PARTNER I   |  |                 |   |   |  |  |  |
| 12.  | GENERAL PARTNE  |  | 13.             |   |   | DRESS CHANGES O  |  |  |
| DOCUMENT #<br>NAME   | NAME MAZZO REAL ESTATE, INC.  |  |                 | TREET ADORESS                                       |   |  |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | PALM CITY FL 34990  |  | CIT             | Y-S1-ZIP  |   | · · · · · · · · · · · · · · · · · · ·  |  |  |
| DOCUMENT # NAME STREET ADDRESS   | 6   |  |                 | REET ADORESS  | <del> </del>  |  |  |  |
| CITY-ST-ZIP  |   |  | CII             | Y-ST-ZIP  |   |  |  |  |
| DOCUMENT #   |   |  | STF             | REET ADDRESS  |   | <u>549702</u>  | 22   |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |  | CIT             | Y-S1-ZIP  | 05/19/05  | <del>548702</del><br>01090011  | **435.25   |  |
| DOCUMENT / NAME STREET ADDRESS   |   |  | SH              | REET ADDRESS  |   |  |  |  |
| CITY-ST-ZIP DOCUMENT   |   |  | CIT             | Y-ST-ZIP  |   | -  |  |  |
|  |   |  | STE             | REET ADDRESS  |   |  |  |  |
| STREET ADDRESS CITY-ST-ZIM   |   | ·  | CIT             | Y-ST-ZIP  |   |  |  |  |
| DOCUMENT IN NAME STREET ADDRESS  | 5   |  |                 | Y-ST-ZIP  |   | · · · · · · · · · · · · · · · · · · ·  |  |  |
| indicate   | r certify that the information supplied with don this report is true and accurate and | I that my signature shall ha                 | for the ex      | emption stated in S<br>ne legal effect as if        | ection 119.07(3)(i), Flori<br>made under oath: that I | da Statutes. I further o   | ertify that the information of the limited partnership of  |  |
| the rece   | siver or trustee empowered to execute the   | is report as required by Cl                  | hapter 620      | , Florida Statutes                                  |   |  | and a second sec |  |
| SIGNA  | TURE: SIGNATURE AND TYPED O   | M MALLER PRINTED NAME OF ENDNING GE          | k Jo            | SEPH MAZZ   | OCHI, Sir.  | 4/22/05 (773   | 286-666  <br>Daytime Phone #   |  |