

2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

FILED

2005 APR -8 PM 2: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000000844

1. Entity Name

MARK 425, LTD.



Principal Place of Business

13209 OLD CRYSTAL RIVER ROAD
BROOKSVILLE FL 34601

Mailing Address

13209 OLD CRYSTAL RIVER ROAD
BROOKSVILLE FL 34601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1157818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, MARK C
13209 OLD CRYSTAL RIVER ROAD
BROOKSVILLE FL 34601

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

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

DATE

9. Capital Contributions
as Shown on record.

\$20,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. FILE NOW!!! Due by May 1, 2005.

See Block 11 instructions for fee info.

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
STREET ADDRESS
CITY- ST- ZIP
TAYLOR, MARK C
13209 OLD CRYSTAL RIVER ROAD
BROOKSVILLE FL 34601

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP
TAYLOR, SHARON O
13209 OLD CRYSTAL RIVER ROAD
BROOKSVILLE FL 34601

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7048 MARK C. TAYLOR

4/4/05 352 799 6393

Daytime Phone #

STAPLE CHECK HERE