


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
Apr 03, 2006 08:00 AM
Secretary of State**

DOCUMENT # A04000001414
1. Entity Name
MARIETTA SQUARE, LTD.



Principal Place of Business Mailing Address
30 WEST MASHTA DRIVE, STE. 400 30 WEST MASHTA DRIVE, STE. 400
KEY BISCAVAYNE, FL 33149 KEY BISCAVAYNE, FL 33149



DO NOT WRITE IN THIS SPACE

03012006 No Chg-LP CR2E003 (11/05)

4. FEI Number 20-1656858	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PUYANIC, MAX D
30 WEST MASHTA DRIVE, STE. 400
KEY BISCAVAYNE, FL 33149

DO NOT WRITE IN THIS SPACE

6. 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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

UNIQUEID490738
19 410 00000-000 500.00

**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 STREET ADDRESS CITY-ST-ZIP	P04000122261 MARIETTA SQUARE, INC. 30 WEST MASHTA DRIVE, STE. 400 KEY BISCAVAYNE, FL 33149
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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 file this report as required by Chapter 620, Florida Statutes

SIGNATURE: Max D. Puyanic 3/6/06 305.365.2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #