


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Jan 31, 2008 08:00 AM
Secretary of State**

DOCUMENT # A04000001414		
1. Entity Name MARIETTA SQUARE, LTD.		
Principal Place of Business 30 WEST MASHTA DRIVE, STE. 400 KEY BISCAVNE, FL 33149	Mailing Address 30 WEST MASHTA DRIVE, STE. 400 KEY BISCAVNE, FL 33149	



01102008 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-1656858	Applied For Not Applicable
------------------------------------	-------------------------------

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**PUYANIC, MAX D
30 WEST MASHTA DRIVE, STE. 400
KEY BISCAVNE, FL 33149**

DO NOT WRITE IN THIS SPACE

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 *Max D Puyan* DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

U00000807677
02/07/08-80018-002 500.00

**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 #	P04000122281
NAME	MARIETTA SQUARE, INC.
STREET ADDRESS	30 WEST MASHTA DRIVE, STE. 400
CITY-ST-ZIP	KEY BISCAVNE, FL 33149
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 execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Max D Puyan* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #