

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A06311

1. Entity Name
SUNMAR, LTD.



FILED

04 MAY 18 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NIJH



04122004 Chg-LP CR2E003 (10/03) **5/18**

Principal Place of Business
**POST OFFICE BOX 1119
PALM BEACH, FL 33480**

Mailing Address
**POST OFFICE BOX 1119
PALM BEACH, FL 33480**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEEL Number
59-1917007

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	
BRANNICK, MARIO 9050 PINES BLVD., #450 PEMBROKE PINES, FL 33024		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 _____ DATE _____
(Signature, type or print name of registered agent and date if applicable.)

9. Capital Contributions as Shown on record. \$13,000.00	10. Amount of Capital Contributions in FL or DA to date. \$179.75
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT#	565969	STREET ADDRESS	
NAME	MARZE CORPORATION	CITY-STATE-ZIP	
STREET ADDRESS	P.O. BOX 1119		
CITY-STATE-ZIP	PALM BEACH, FL 33480		
DOCUMENT#		STREET ADDRESS	
NAME		CITY-STATE-ZIP	
STREET ADDRESS			
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NAME		CITY-STATE-ZIP	
STREET ADDRESS			
CITY-STATE-ZIP			

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05/18/04--01062--022 **1069.25

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: **M. Brannick, VP, Marze Corp 4/20/04 954-430-0220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STABLE CHECK HERE