

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A19209**

1. Entity Name  
**M.D.R. ASSOCIATES LIMITED**



Principal Place of Business  
**161 PLEASANT ST.**  
**LYNN, MA 01901-1513**

Mailing Address  
**161 PLEASANT ST.**  
**LYNN, MA 01901-1513**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03182004

Chg-LP

CR2E003 (10/03)

4. FEI Number  
**59-2501452**

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

**SCHWARTZ, JAY D**  
**ONE TURNBERRY PLACE**  
**19495 BISCAYNE BLVD., SUITE 609**  
**AVENTURA, FL 33180-2320**

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, signed for printed name of registered agent and title if applicable DATE

9. Capital Contributions  
 as Shown on record **\$1,304,419.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

**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 #  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
**MALTAGLIATI, EVA LEE**  
**12 WILLIAMS TERR.**  
**SWAMPSCOTT, MA 01907**

STREET ADDRESS  
 CITY- ST- ZIP  
**000000136186**  
**04/29/04-80007-006 535.00**

DOCUMENT #  
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 CITY- ST- ZIP

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STREET ADDRESS  
 CITY- ST- ZIP

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: *Eva Lee Maltagliati* **Eva Lee Maltagliati** *Apr 14, 2004* **781-595-1030**