

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -4 AM 8:28

DOCUMENT # A25931

1. Entity Name
MVMH PARK, LTD.



Principal Place of Business
3001 S.W. 18TH TERRACE
FT. LAUDERDALE, FL 33315

Mailing Address
3001 S.W. 18TH TERRACE
FT. LAUDERDALE, FL 33315

2. Principal Place of Business
201 CAPE AVENUE
Suite, Apt. #, etc.

3. Mailing Address
201 CAPE AVENUE
Suite, Apt. #, etc.



01212005 Chg-LP CR2E003 (10/03)

City & State
COCOA, FL
Zip
32926
Country

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COCOA, FL
Zip
32926
Country

4. FEI Number
65-0025262
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FILLICHIO, BENEDICT J.
3001 S.W. 18TH TERRACE
FT. LAUDERDALE, FL 33315

7. Name and Address of New Registered Agent

Name
BENEDICT J. FILLICHIO
Street Address (P.O. Box Number is Not Acceptable)
201 CAPE AVENUE
City
COCOA FL Zip Code
32926

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 *Benedict J. Fillichio*
Signature, typed or printed name of registered agent and title if applicable.

2/1/05
DATE

9. Capital Contributions
as Shown on record. \$690,867.50

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

DOCUMENT #
NAME
FILLICHIO, BENEDICT J.
STREET ADDRESS
3001 S.W. 18TH TERRACE
CITY-ST-ZIP
FT. LAUDERDALE, FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS
201 CAPE AVENUE
CITY-ST-ZIP
COCOA, FL 32926

DOCUMENT #
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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 *Benedict J. Fillichio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/1/05 321-636-6061
Date Daytime Phone #

STAPLE CHECK HERE