

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR -7 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02092007 Chg-LP CR2E003 (12/06)

| | |
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| DOCUMENT # A29451 | |
| 1. Entity Name MARKER INVESTMENT PROPERTIES, LTD. | |



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|--|--|
| Principal Place of Business P.O. BOX 775 POLK CITY, FL 33868 | Mailing Address P.O. BOX 775 POLK CITY, FL 33868 |
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| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-2988828 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

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|--|--|
| 6. Name and Address of Current Registered Agent | |
| MARKER, ALVIN C 685 CR 559 A AUBURNDAL, FL 33823 | |

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| 7. Name and Address of New Registered Agent | |
| 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, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|-----------------------|--------------------------|--|
| DOCUMENT # | NAME | STREET ADDRESS | |
| | MARKER, ALVIN C | | |
| STREET ADDRESS | P.O. BOX 775 N/A | CITY - ST - ZIP | |
| | POLK CITY, FL 33868 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| | MARKER BRUNO, DEBRA | | |
| STREET ADDRESS | 315 WHITE CLIFF BLVD | | |
| | AUBURNDAL, FL 33823 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| | MARKER DOBSON, JOYCE | | |
| STREET ADDRESS | 157 OLD NICHOLS CIR. | | |
| | ABURNDAL, FL 33823 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| | MARKER, VICTOR C | | |
| STREET ADDRESS | 16803 TUSCANOOGA ROAD | | |
| | GROVELAND, FL 32736 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| | | | |
| STREET ADDRESS | | | |
| | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| | | | |
| STREET ADDRESS | | | |
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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: Debra M. Bruno, Gen Ptn

3/1/07 863-967-2105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE