

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

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # A29795</b> 1. Entity Name <b>MARJO AND GRA LTD.</b>					
Principal Place of Business <b>% GINO CATTAROSS</b> <del>8777 COLLINS AVE. #1501</del> <b>SURFSIDE, FL 33154</b>			Mailing Address <b>% GINO CATTAROSS</b> <del>8777 COLLINS AVE. #1501</del> <b>SURFSIDE, FL 33154</b>		
2. Principal Place of Business <b>8777 COLLINS AVE #501</b> Suite, Apt. #, etc.		3. Mailing Address <b>8777 COLLINS AVE #501</b> Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0183836</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CATTAROSS, GINO</b> <b>8777 COLLINS AVE. #1501</b> <b>SURFSIDE, FL 33154</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8777 COLLINS AVE #501</b> City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$250,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>250,000.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	<b>L56782</b>		STREET ADDRESS	<b>46 GINO CATTAROSS</b>	
NAME	<b>MARJO AND GRA, INC.</b>		CITY-ST-ZIP	<b>8777 COLLINS AVE #501</b>	
STREET ADDRESS	<b>% GINO CATTAROSS, 8777 COLLINS AVE. #1501</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SURFSIDE, FL 33154</b>		CITY-ST-ZIP		
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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:** GINO C. CATTAROSS **4/27/04** **(305) 861-0450**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #