
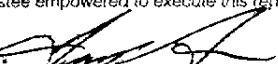


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # A29919			
1. Entity Name MARIE PARTNERS, LTD.			
Principal Place of Business P.O. BOX 3006 MAYAGUEZ 00681-3006 PUERTO RICO,		Mailing Address P.O. BOX 3006 MAYAGUEZ 00681-3006 PUERTO RICO,	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARROYO, NANCY ARROYO PROFESSIONAL ASSOCIATION 6701 SUNSET DRIVE, SUITE 104 MIAMI, FL 33143		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$401,000.00		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	
NAME	FERNANDO L. SUMAZA	CITY - ST - ZIP	
STREET ADDRESS	CARRETERA 64 EDIFICIO 3060		
CITY - ST - ZIP	MAYAGUEZ, PUERTO RICO 00680, PR		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	DIANA SANTOS DE SUMAZA	CITY - ST - ZIP	
STREET ADDRESS	CARRETERA 64 EDIFICIO 3060		
CITY - ST - ZIP	MAYAGUEZ, PUERTO RICO 00680, PR		
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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 670, Florida Statutes.			
SIGNATURE: 		Date: 4/7/04 (787) 831-0030	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	



04062004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0177670 Applied For Not Applicable

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

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