

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**


FILED

2005 APR 28 PM 1:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # A29919**

1. Entity Name  
 MARIE PARTNERS, LTD.



Principal Place of Business  
 P.O. BOX 3006  
 MAYAGUEZ 00681-3006  
 PUERTO RICO, XX


Mailing Address  
 P.O. BOX 3006  
 MAYAGUEZ 00681-3006  
 PUERTO RICO, XX

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



04202005 Chg-LP CR2E003 (10/03)

4. FEI Number  
 65-0177670

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

ARROYO, NANCY  
 ARROYO PROFESSIONAL ASSOCIATION  
 6701 SUNSET DRIVE, SUITE 104  
 MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 One Datan Center, Suite 1602

9100 S. Dadeland Blvd.

City Miami FL Zip Code 33156

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.

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 #	FERNANDO L. SUMAZA	STREET ADDRESS	
NAME	CARRETERA 64 EDIFICIO 3060	CITY-ST-ZIP	
STREET ADDRESS	MAYAGUEZ, PUERTO RICO 00680, PR		
CITY-ST-ZIP			
DOCUMENT #	DIANA SANTOS DE SUMAZA	STREET ADDRESS	
NAME	CARRETERA 64 EDIFICIO 3060	CITY-ST-ZIP	600054928266
STREET ADDRESS	MAYAGUEZ, PUERTO RICO 00680, PR		05/23/05--01005--011 **535.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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:  4/27/05 (787) 831-6030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #