

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A33278</b>	
1. Entity Name <b>MTLC INVESTMENT, LTD.</b>	

Principal Place of Business <b>103 S. ANCHORAGE DR NORTH PALM BCH FL 33408</b>	Mailing Address <b>103 S. ANCHORAGE DR NORTH PALM BCH FL 33408</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E003 (11/03)

4. FEI Number <b>65-0349428</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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<b>MOORE, BECKY B. % MOORE &amp; ELLRICH, P.A. 4400 PGA BLVD., SUITE 400 PALM BEACH GARDENS FL 33410</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<div style="text-align: right;"><b>FL</b> Zip Code</div>	

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. <b>\$2,400,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # <b>V55819</b>	NAME <b>MTLC MANAGEMENT CORP.</b>	STREET ADDRESS	
STREET ADDRESS <b>4400 PGA BLVD., STE 400</b>		CITY-ST-ZIP	
CITY-ST-ZIP <b>PALM BCH GARDENS FL</b>			
DOCUMENT #	NAME	STREET ADDRESS	
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CITY-ST-ZIP			

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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:** *Tamara Jo Vaudreuil* **TAMARA JO VAUDREUIL** 2/24/04 561-881-8123