


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000000036 1. Entity Name THE MACCARRON FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 8625 S.W. 41 TERRACE MIAMI, FL 33155			Mailing Address 8625 S.W. 41 TERRACE MIAMI, FL 33155		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		01262005 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0457205				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Barcode	
6. Name and Address of Current Registered Agent MACCARRON, STEPHEN P 8625 S.W. 41 TERRACE MIAMI, FL 33156				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: <u>Stephen P. MacCarron</u> DATE: <u>2-25-04</u>					
9. Capital Contributions as Shown on record. \$40.00			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	MACCARRON, PATRICK STEPHEN P		CITY-ST-ZIP		
STREET ADDRESS	8635 S.W. 41ST TERRACE		CITY-ST-ZIP		
CITY-ST-ZIP	MIAMI, FL 33155		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)(f), 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: <u>Stephen P. MacCarron</u>			DATE: <u>2-25-04</u> DAYTIME PHONE: <u>(305) 592-3846</u>		

STAPLE CHECK HERE