


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

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000001680
1. Entity Name
THE MATERA FAMILY LIMITED PARTNERSHIP



Principal Place of Business: **SOUTH SEAS CLUB, TOWER III, PH 1906
380 SEA VIEW COURT
MARCO ISLAND FL 33937**
Mailing Address: **SOUTH SEAS CLUB, TOWER III, PH 1906
380 SEA VIEW COURT
MARCO ISLAND FL 33937**



MOORE CR2E003 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State

4. FEI Number **65-0547502** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**MATERA, JOHN
SOUTH SEAS CLUB, TOWER II, PH 1906
380 SEA VIEW COURT
MARCO ISLAND FL 33937**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$4,000,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #		STREET ADDRESS	
NAME	MATERA, JOHN	CITY-ST-ZIP	
STREET ADDRESS	380 SEA VIEW COURT, SOUTH SEAS CLUB		
CITY-ST-ZIP	MARCO ISLAND FL 33937		
DOCUMENT #		STREET ADDRESS	
NAME	MATERA, MARGARET	CITY-ST-ZIP	
STREET ADDRESS	380 SEA VIEW COURT, SOUTH SEAS CLUB		
CITY-ST-ZIP	MARCO ISLAND FL 33937		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: John Matera **John Matera** 4-2-04 212-966-9783
Signature, AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #