


**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 Mailing Address
SOUTH SEAS CLUB, TOWER III, PH 1906 SOUTH SEAS CLUB, TOWER III, PH 1906
380 SEA VIEW COURT 380 SEA VIEW COURT
MARCO ISLAND FL 33937 MARCO ISLAND FL 33937



MOORE CR2E003 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0547502 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	
DOCUMENT #	
NAME	MATERA, JOHN
STREET ADDRESS	380 SEA VIEW COURT, SOUTH SEAS CLUB
CITY - ST - ZIP	MARCO ISLAND FL 33937
DOCUMENT #	
NAME	MATERA, MARGARET
STREET ADDRESS	380 SEA VIEW COURT, SOUTH SEAS CLUB
CITY - ST - ZIP	MARCO ISLAND FL 33937
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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04/13/04-80013-021 526.25

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 Date: 4-2-04 Daytime Phone #: 212-966-9783