

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A95000000513

1. Entity Name
MARCO MGROUP LTD.



FILED

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business
**C/O SOUTHEAST CENTERS
1541 SUNSET DR., STE. 300
CORAL GABLES, FL 33143**

Mailing Address
**TILLINGHAST LIGHT PERKINS SMITH & COHEN LP
%NORMAN ORODENKER/10 WEYBOSSET ST 10TH FLR
PROVIDENCE, RI 02903**



2. Principal Place of Business		3. Mailing Address		01082004 Chg-LP CR2E003 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 13-3840365	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AXELROD, ALAN D C/O BILZIN SUMBERG DUNN & AXELROD LLP 2500 FIRST UNION FINANCIAL CENTER MIAMI, FL 33131		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. \$65,246.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P95000017660	STREET ADDRESS	
NAME	MARCO MGP CORP.	CITY-ST-ZIP	
STREET ADDRESS	%NORMAN G ORODENKER/10 WEYBOSSET ST. 10FLR		
CITY-ST-ZIP	PROVIDENCE, RI 02903		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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)(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Norman G. Orodener, Secretary

1/20/04 **401-456-1333**
Date Daytime Phone #

STAPLE CHECK HERE