


2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000000513 1. Entity Name MARCO MGROUP LTD.					
Principal Place of Business C/O SOUTHEAST CENTERS 1541 SUNSET DR., STE. 300 CORAL GABLES FL 33143			Mailing Address TILLINGHAST LIGHT PERKINS SMITH & COH %NORMAN ORODENKER/10 WEYBOSSET ST 10T PROVIDENCE RI 02903		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 13-3840365
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent AXELROD, ALAN D C/O BILZIN SUMBERG DUNN & AXELROD LLP 2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$65,246.00		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 CITY- ST- ZIP	P95000017660 MARCO MGP CORP. %NORMAN G ORODENKER/10 WEYBOSSET ST. 10FLR PROVIDENCE RI 02903		STREET ADDRESS CITY- ST- ZIP	_____ _____	
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1ST MOORE CR2E003 (10/04)

11. FILE NOW!!! Due by May 1, 2005.
 See Block 11 instructions for fee info.

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 02/22/05-60034-002 526.25

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 the signature of the filer has the same legal effect as if made under oath, that I am a General Partner of the limited partnership, the receiver or trustee empowered to execute this report, authorized by Chapter 620, Florida Statutes.

By [Signature]
SIGNATURE: _____ Date 2/1/05 Daytime Phone # 401-496-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE