
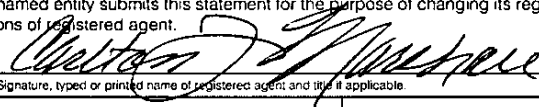
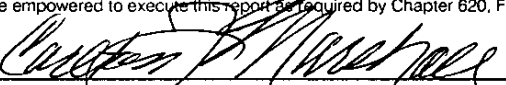


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 14 AM 8:34

DOCUMENT # A95000001295			
1. Entity Name C & K MARSHALL ENTERPRISES, LTD.			
Principal Place of Business 16312 VILLARREAL DE AVILA TAMPA, FL 33613		Mailing Address 16312 VILLARREAL DE AVILA TAMPA, FL 33613	
2. Principal Place of Business 16407 AVILA BLVD Suite, Apt. #, etc.		3. Mailing Address 16407 AVILA BLVD Suite, Apt. #, etc.	
City & State Tampa FL		City & State Tampa FL	
Zip 33613	Country USA	Zip 33613	Country USA
4. FEI Number 59-3337828		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARSHALL, CARLTON F 16312 VILLARREAL DE AVILA TAMPA, FL 33613		7. Name and Address of New Registered Agent Name: MARSHALL, CARLTON F. Street Address (P.O. Box Number is Not Acceptable) 16407 AVILA BLVD City: TAMPA FL Zip Code: 33613	
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: 6-9-05			
9. Capital Contributions as Shown on record. \$5,000,000.00		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	16407 AVILA BLVD
NAME	MARSHALL, CARLTON F	CITY-ST-ZIP	TAMPA, FL. 33613
STREET ADDRESS	16312 VILLARREAL DE AVILA	STREET ADDRESS	16407 AVILA BLVD
CITY-ST-ZIP	TAMPA, FL 336131070	CITY-ST-ZIP	TAMPA, FL. 33613
DOCUMENT #	NAME	STREET ADDRESS	
NAME	MARSHALL, KATHERINE	CITY-ST-ZIP	
STREET ADDRESS	16312 VILLARREAL DE AVILA	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 336131070	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	600056606046
CITY-ST-ZIP		CITY-ST-ZIP	06/20/05 01029 004 ***326.25
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		DATE: 6-9-05 DAYTIME PHONE: 813-247-3647	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		DATE DAYTIME PHONE #	

STAPLE CHECK HERE