


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

191.25

<b>DOCUMENT # A95000001398</b> 1. Entity Name <b>MERRITT SQUARE MARKETPLACE ASSOCIATES, LTD.</b>		
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR 12 PM 12:39



MOORE CR2E003 (11/03)

Principal Place of Business <b>701 BRICKELL AVENUE          STE. 1400          MIAMI FL 33131</b>	Mailing Address <b>701 BRICKELL AVENUE          STE. 1400          MIAMI FL 33131</b>
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2. Principal Place of Business <b>703 Waterford Way</b>	3. Mailing Address <b>703 Waterford Way</b>
Suite, Apt. #, etc. <b>Suite 800</b>	Suite, Apt. #, etc. <b>Suite 800</b>

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33126</b>	Zip <b>33126</b>
Country	Country

4. FEI Number <b>65-0609987</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PITTS, W. DOUGLAS          701 BRICKELL AVENUE          SUITE 1400          MIAMI FL 33131</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>703 Waterford Way</b> <b>Suite 800</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33126</b>
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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. <b>\$6,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT #	<b>P96000034735</b>
NAME	<b>NEWCASTER DEVCORP, INC.</b>
STREET ADDRESS	<b>701 BRICKELL AVE., STE. 1400</b>
CITY-ST-ZIP	<b>MIAMI FL 33131-2822</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>703 Waterford Way, Suite 800</b>
CITY-ST-ZIP	<b>Miami, FL 33126</b>
STREET ADDRESS	
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

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <b>Douglas H. Ridge, Treasurer</b> <b>Newcaster Devcorp Inc.</b>	<b>3/3/04</b> Date	<b>305-261-4330</b> Daytime Phone #
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STAPLE CHECK HERE