


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

141.25

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000001398			
1. Entity Name MERRITT SQUARE MARKETPLACE ASSOCIATES, LTD.			
Principal Place of Business 703 WATERFORD WAY STE. 800 MIAMI FL 33126		Mailing Address 703 WATERFORD WAY STE. 800 MIAMI FL 33126	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number **65-0609987** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent PITTS, W. DOUGLAS 703 WATERFORD WAY STE. 800 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	
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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

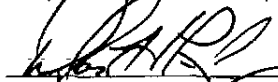
11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. **\$6,000.00** 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 #	P96000034735	STREET ADDRESS	
NAME	NEWCASTER DEVCORP, INC.	CITY- ST- ZIP	
STREET ADDRESS	703 WATERFORD WAY, STE. 800		
CITY- ST- ZIP	MIAMI FL 33126		
DOCUMENT #		STREET ADDRESS	04/26/05-80002-012 141.25
NAME		CITY- ST- ZIP	
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STREET ADDRESS			
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)(f), 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:  **Douglas W. Pitts** **4/4/5 305-261-4330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE