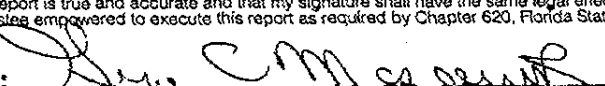


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000000505					
1. Entity Name MAZOUREK ENTERPRISES, LTD.					
Principal Place of Business 21224 NEVITT HILL ROAD BROOKSVILLE, FL 34601			Mailing Address 21224 NEVITT HILL ROAD BROOKSVILLE, FL 34601		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 59-3368421	
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		
MAZOUREK, ALVIN R 201 HOWELL AVE., STE. 300 BROOKSVILLE, FL 34601			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 date if applicable</small>					
9. Capital Contributions as Shown on record. \$5,000,000.00			10. Amount of Capital Contributions in FLORIDA to date. \$926.25		
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		
STREET ADDRESS	MAZOUREK, JENNIE		CITY - ST - ZIP		
CITY - ST - ZIP	21224 NEVITT HILL ROAD BROOKSVILLE, FL 34601				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	MAZOUREK, ALVIN R		CITY - ST - ZIP		
CITY - ST - ZIP	201 HOWELL AVE., STE. 300 BROOKSVILLE, FL 34601				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	MAZOUREK, GEORGE C		CITY - ST - ZIP		
CITY - ST - ZIP	21224 NEVITT HILL ROAD BROOKSVILLE, FL 34601				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP					
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DOCUMENT #	NAME		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: 			7/2/04 (352) 796-3732		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



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