


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 7, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 13 AM 9:21

<b>DOCUMENT # A96000000505</b>			
1. Entity Name <b>MAZOUREK ENTERPRISES, LTD.</b> <i>A96000000505</i>			
Principal Place of Business <b>21224 NEVITT HILL ROAD BROOKSVILLE, FL 34601</b>		Mailing Address <b>21224 NEVITT HILL ROAD BROOKSVILLE, FL 34601</b>	
2. Principal Place of Business <i>CHANGE</i>		3. Mailing Address <i>PO BOX 578</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>BROOKSVILLE FL</i>		4. FEI Number <b>59-3368421</b>	
Zip <i>34605</i>		Country <i>HERNANDO</i>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MAZOUREK, ALVIN R 201 HOWELL AVE., STE. 300 BROOKSVILLE, FL 34601</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>\$5,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		11. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	MAZOUREK, JENNIE	CITY-ST-ZIP	
STREET ADDRESS	21224 NEVITT HILL ROAD		
CITY-ST-ZIP	BROOKSVILLE, FL 34601		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	MAZOUREK, ALVIN R	CITY-ST-ZIP	
STREET ADDRESS	201 HOWELL AVE., STE. 300		
CITY-ST-ZIP	BROOKSVILLE, FL 34601		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	MAZOUREK, GEORGE C	CITY-ST-ZIP	
STREET ADDRESS	21224 NEVITT HILL ROAD		
CITY-ST-ZIP	BROOKSVILLE, FL 34601		
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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: <i>[Signature]</i>		Date <i>7-7-05</i> Daytime Phone # <i>352-796-2583</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			