2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

Due By May 1, 2005			<del>-</del>	SECRETA	TLEG By or oran	_
<b>DOCUMENT # A96000000</b>		7	IVISION OF	RY OF STAT CORPORAT	E Inns	
1. Entity Name MK 17250, LTD.						
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Principal Place of Business .	Mailing Address		$\dashv$		<u>.</u>	÷ .
% ADORNO & YOSS, P.A.	% ADORNO & YOSS, P.A.					
2601 S. BAYSHORE DR. #1600 2601 S. BAYSHORE DR. # MIAMI, FL 33133 MIAMI, FL 33133		#1600	(A)			
•						
2. Principal Place of Business c/o Adorno & Yoss, LLP Suite, Apt. #, etc. 3. Mailing Address c/o Adorno & Y Suite, Apt. #, etc.		oss, LLP	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			1833   188135   181   1881
2525 Ponce de Leon Blvd. 2525 Ponce de		Leon Blvd.	02092005	Chg-LP	CR2E003 (10	
City & State 400, Miami, FL City & State 4400, Miami, I		TL	4. FEI Number 65-0672			Applied For Not Applicab
Zip Country USA	p Country Zip 33134		5. Certificate o	f Status Desired		Additional quired
6. Name and Address of Current	<u> </u>	USA	7. Name and A	Address of New R		
ROLLNICK, NEIL S		Name				
% ADORNO & YOSS, P.A. 2601 S. BAYSHORE DR. #1600 MIAMI, FL 33133		Street Address (P.O. Box Number is Not Acceptable) Adorno & Yoss, LLP				
		2525 Pc	2525 Ponce de Leon Boulevard, Suite 400			
		City Milan	ni		FL Zip	Code 33134
8. The above named entity submits this statement for the obligations of registered agent.	r the purpose of changing its re	egistered office or regis	stered agent, or both	, in the State of Flo	orida. I am familiar	with, and accep
	• .			Feb	ruary 11,	2005
SIGNATURE Signature, typed or printed name of registered agent a	and title if applicable.				DATE	
9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital in FLORIDA to date					
A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS ENT					
12. GENERAL PARTNER	<u>-</u>	13.		ADDRESS CHA	<u> </u>	
DOCUMENT # P96000033891  NAME BIG GUY, INC.		STREET ADDRESS	o Adorno &	. Voce III	D	
STREET ADDRESS % 2601 S. BAYSHORE DR. #160	00					Mi ami
CITY-ST-ZIP MIAMI, FL 33133		2.5	25 Ponce d	e Leon br	να., <del>1/4</del> 00,	
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STREET ADDRESS , CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  14. I hereby certify that the information supplied with	this filing does not qualify for that my signature shall have	CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP	Section 119.07(3)(i)	Florida Statutes.	I further certify that	the information
STREET ADDRESS ,CITY-ST-ZIP  DOCUMENT # NAME  STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME  STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME  STREET ADDRESS CITY-ST-ZIP  OCCUMENT # NAME  STREET ADDRESS CITY-ST-ZIP	this illing does not qualify for that my signature shall have this report as required by Chapte	CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP	Section 119.07(3)(i) if made under oath;	, Florida Statutes. that I am a Genera	I further certify that	the information ited partnership