


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000000858

1. Entity Name
MARJOVEC SECOND FAMILY LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
1800 LAKE DRIVE **1800 LAKE DRIVE**
DELRAY BEACH, FL 33444 **DELRAY BEACH, FL 33444**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04282004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
65-0674260 Not Applicable

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

6. Name and Address of Current Registered Agent

SCIARRETTA, STEVEN A ESQ.
2300 GLADES ROAD, SUITE 302E
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$1,500,000.00** 10. Amount of Capital Contributions in FLORIDA to date **1,500,000.00**

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 #	NAME	STREET ADDRESS	CITY - ST - ZIP
	VECCIA, JOSEPH W JR.	1800 LAKE DRIVE	DELRAY BEACH, FL 33444
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	VECCIA, MARY	1800 LAKE DRIVE	DELRAY BEACH, FL 33444
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

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05/07/04-80028-013 526.25

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: Mary Veccia Mary Veccia 4/28/04 212-3016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE