


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

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

**DOCUMENT # A96000000858**  
 1. Entity Name  
**MARJOVEC SECOND FAMILY LIMITED PARTNERSHIP**



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

Mailing Address  
 1800 LAKE DRIVE  
 DELRAY BEACH, FL 33444

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



04132005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-0674260**

Applied For  
 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 file if applicable

9. Capital Contributions as Shown on record. **\$1,500,000.00**

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 #	VECCIA, JOSEPH W JR.	STREET ADDRESS	
NAME	1800 LAKE DRIVE	CITY-ST-ZIP	00000331193 04/26/05-80005-025 526.25
STREET ADDRESS	DELRAY BEACH, FL 33444		
CITY-ST-ZIP			
DOCUMENT #	VECCIA, MARY	STREET ADDRESS	
NAME	1800 LAKE DRIVE	CITY-ST-ZIP	
STREET ADDRESS	DELRAY BEACH, FL 33444		
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Mary Veccia 4/12/05 (561) 395-3950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #