## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # A96000000858**

1. Entity Name

MARJOVEC SECOND FAMILY LIMITED PARTNERSHIP



08 MAR 11 PM 2: 47

LFILED SECRETARY OF STATE TALLAHASSEE FLORIDA

Principal Place of Business

1800 LAKE DRIVE

DELRAY BEACH, FL 33444

Mailing Address

1800 LAKE DRIVE DELRAY BEACH, FL 33444



02282008 No Chg-LP

CR2E003 (12/06)

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

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BUCA RATUN, FL 33431		IN THIS SPACE
	named entity submits this statement for the purpose of changing its re- ions of registered agent.	 gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.0	00
	A GENERAL PARTNER THAT IS A BUSINESS ENTI NOTE: General Partners MAY NOT be changed on the	TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION  VECCIA, JOSEPH W JR.  1800 LAKE DRIVE  DELRAY BEACH, FL 33444	900120708939 03719/0801010024 **500.00
OOCLIMENT # NAME STREET ADDRESS CITY-ST-ZIP	VECCIA, MARY 1800 LAKE DRIVE DELRAY BEACH, FL 33444	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
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DOCUMENT #  NAME  STATET 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 the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/28/08

561-212-3016

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