

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000000858



FILED

03 APR 11 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-0674260**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 #
NAME **VECCIA, JOSEPH W JR.**
STREET ADDRESS **1800 LAKE DRIVE**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **VECCIA, MARY**
STREET ADDRESS **1800 LAKE DRIVE**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

STREET ADDRESS
CITY-ST-ZIP

100015757361
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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: SIGNATURE RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/6/03 (561) 395-3950
Date Daytime Phone #

CR2E003 (10/02)

PLEASE CHECK HERE