

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 FEB -3 PM 1:02

1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000000859**

**MARJOVEC FIRST FAMILY LIMITED PARTNERSHIP**



Mailing Address 431 NORTH EAST TENTH TERRACE BOCA RATON FL 33432		Principal Office Address 431 NORTH EAST TENTH TERRACE BOCA RATON FL 33432		3. Date Formed or Registered 05/07/1996	5a. Capital Contributions as Shown on record. <b>\$1,500,000.00</b>
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 11/10/1997	
				4. State or Country of Formation FL	5b. Amount of Capital Contributions In FLORIDA to date:
				6. FEI Number 65-0671751	
				7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent  <b>SCIARRETTA, STEVEN A ESQ.</b> 2300 GLADES ROAD, SUITE 302E BOCA RATON FL 33431	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
--	---

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
VECCIA, JOSEPH W JR.	431 NORTH EAST TENTH	BOCA RATON FL 33432	600002770696-3 -02/03/99-01127-025 ***526.25 ***526.25  SL 2-4-99
VECCIA, MARY	431 NORTH EAST TENTH	BOCA RATON FL 33432	

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Mary Veccia DATE 1/15/99  
 Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Daytime Telephone Number 561-395-3950

CR2E003 (8/95)