


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

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

<b>DOCUMENT # A96000000859</b>					
1. Entity Name <b>MARJOVEC FIRST FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>1800 LAKE DRIVE DELRAY BEACH, FL 33444</b>			Mailing Address <b>1800 LAKE DRIVE DELRAY BEACH, FL 33444</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number <b>65-0671751</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SCIARRETTA, STEVEN A ESQ. 2300 GLADES ROAD, SUITE 302E BOCA RATON, FL 33431</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$1,500,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>1,500,000.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>VECCIA, JOSEPH W JR.</b>		CITY - ST - ZIP		
STREET ADDRESS	<b>1800 LAKE DRIVE</b>				
CITY - ST - ZIP	<b>DELRAY BEACH, FL 33444</b>				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>VECCIA, MARY</b>		CITY - ST - ZIP		
STREET ADDRESS	<b>1800 LAKE DRIVE</b>				
CITY - ST - ZIP	<b>DELRAY BEACH, FL 33444</b>				
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STREET ADDRESS					
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: <u>Mary Veccia</u>			Date: <u>4/28/04</u>		Daytime Phone #: <u>561-212-3016</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>



04292004 Chg-LP CR2E003 (10/03)

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