


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

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

DOCUMENT # A96000000859

1. Entity Name
MARJOVEC FIRST 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.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country



04132005 Chg-LP CR2E003 (10/03)

4. FEI Number: 65-0671751 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 _____

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 #	NAME	STREET ADDRESS	
	VECCIA, JOSEPH W JR.		1100000331114
STREET ADDRESS	1800 LAKE DRIVE	CITY-ST-ZIP	04/26/05-80005-001 526.25
CITY-ST-ZIP	DELRAY BEACH, FL 33444		
DOCUMENT #	NAME	STREET ADDRESS	
	VECCIA, MARY		
STREET ADDRESS	1800 LAKE DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	DELRAY BEACH, FL 33444		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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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)(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: Mary Veccia Date: 4/12/05 (561) 395-3950

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