


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Mar 07, 2007 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 |
|--|--|

DO NOT WRITE IN THIS SPACE



03052007 No Chg-LP CR2E003 (12/06)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0671751 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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**

**DO NOT WRITE
IN THIS SPACE**

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.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

U00000658956
03/16/07-80010-012 500.00

**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

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

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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: *Joseph W. Veccia* **3/5/07** **561-330-3836**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #