


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 11 PM 2:46

DOCUMENT # A9600000859 1. Entity Name MARJOVEC FIRST FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 1800 LAKE DRIVE DELRAY BEACH, FL 33444	Mailing Address 1800 LAKE DRIVE DELRAY BEACH, FL 33444
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DO NOT WRITE IN THIS SPACE



02282008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0671751	Applied For Not Applicable
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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

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, 2008, Fee will be \$900.00**

**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	

000120708920
03/19/08--01010--023 **\$500.00

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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: Mary Veccia 2/28/08 561-212-3016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #