

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012403 AT

DOCUMENT # A96000000859
 1. Entity Name
MARJOVEC FIRST FAMILY LIMITED PARTNERSHIP



FILED

03 APR 10 AM 11:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2003

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	400015657344
STREET ADDRESS	04/10/03--01092--013 **526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: SIGNATURE REQUIRED 4/6/03 (561) 395-3950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)