


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

DOCUMENT # A96000002459		
1. Entity Name THE MARIEL GRACE LIMITED PARTNERSHIP		

Principal Place of Business 9119E BOCA GARDENS CIRCLE SOUTH BOCA RATON, FL 33496	Mailing Address 9119E BOCA GARDENS CIRCLE SOUTH BOCA RATON, FL 33496
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

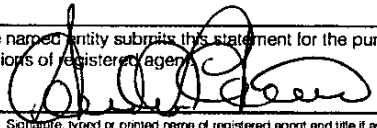
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2005 MAY 19 PM 2:56  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



04252005	Chg-LP	CR2E003 (10/03)
4. FEI Number 65-0716622		Applied For Not Applied
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FREEMAN, SANDRA L 9119E BOCA GARDENS CIRCLE SOUTH BOCA RATON, FL 33496		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  GP DATE 4/22/05

9. Capital Contributions as Shown on record \$20,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #		STREET ADDRESS	
NAME	FREEMAN, SANDRA L	CITY-ST-ZIP	
STREET ADDRESS	9119E BOCA GARDENS CIRCLE SOUTH		
CITY-ST-ZIP	BOCA RATON, FL 33496		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	600055125216
STREET ADDRESS			05/24/05--01033--001 **237.50
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

See Above Signature

STAPLE CHECK HERE