

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A97000000783 1. Entity Name MZLTV, LTD.				 <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">FILED</div> <div style="margin-top: 5px;">04 APR 30 PM 12:26</div>	
Principal Place of Business ATTN: ORIT 1755 NE 164TH STREET, 2ND FLOOR NORTH MIAMI BEACH, FL 33162				Mailing Address ATTN: ORIT 1755 NE 164TH STREET, 2ND FLOOR NORTH MIAMI BEACH, FL 33162	
2. Principal Place of Business 3511 W COMMERCIAL BLVD Suite, Apt. #, etc. SUITE 200 City & State FT LAUDERDALE, FLORIDA Zip 33309				3. Mailing Address 3511 W COMMERCIAL BLVD Suite, Apt. #, etc. SUITE 200 City & State FT LAUDERDALE, FLORIDA Zip 33309	
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02242004 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent GALBUT, HOWARD 999 WASHINGTON AVENUE MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name DINA BRONSTEIN Street Address (P.O. Box Number is Not Acceptable) 3511 W COMMERCIAL BLVD SUITE 200 City FT. LAUDERDALE	
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 Signature, typed or printed name of registered agent and title if applicable.				DATE	
9. Capital Contributions as Shown on record. \$10,000.00				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 #	P97000027008		STREET ADDRESS	3511 W COMMERCIAL BLVD, SUITE 200	
NAME	MZLTV CORP.		CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
STREET ADDRESS	1755 NE 164TH ST.				
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162				
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
				Date Daytime Phone #	

STAPLE CHECK HERE

158.75