


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

FILED  
2005 APR 28 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A97000001142</b>	
1. Entity Name <b>2866 MARION HOLDINGS LTD.</b>	

Principal Place of Business <b>1700 W 93RD TERR PLANTATION, FL 33322</b>	Mailing Address <b>1700 W 93RD TERR PLANTATION, FL 33322</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03092005	Chg-LP	CR2E003 (10/03)
4. FEI Number <b>65-0763829</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

<b>6. Name and Address of Current Registered Agent</b>	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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. <b>\$420,000.00</b>	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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>M97000000288 2866 MARION MORTGAGE LLC 1773 WILTSHIRE VILLAGE DRIVE WELLINGTON, FL 33414</b>
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13.	
STREET ADDRESS	<b>1700 N.W. 93rd Terrace Plantation, Florida 33322</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>100054928391</b>
CITY-ST-ZIP	<b>05/23/05--01005--016 **535.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

**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 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

Michael Shery 4/26/05 793-1793