


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

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| DOCUMENT # A97000001420 |  |
| 1. Entity Name MYSTIC PARK FAMILY LIMITED PARTNERSHIP, LTD. | |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 17 AM 10:48

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|--|--|
| Principal Place of Business 6612 NW 24TH AVE BOCA RATON FL 33496 | Mailing Address 6612 NW 24TH AVE 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 |

PS



1ST MOORE CR2E003 (10/04)

| | |
|--|--|
| 6. Name and Address of Current Registered Agent SISKY, SAMUEL M 6612 NW 24TH AVE BOCA RATON FL 33496 | |
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| 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

11. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info

| | |
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| 9. Capital Contributions as Shown on record. \$226,000.00 | 10. Amount of Capital Contributions in FLORIDA to date \$226,000. |
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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 | STREET ADDRESS |
| CITY-ST-ZIP | CITY-ST-ZIP |
| DOCUMENT # | NAME |
| STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP | CITY-ST-ZIP |
| DOCUMENT # | NAME |
| STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP | CITY-ST-ZIP |
| DOCUMENT # | NAME |
| STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP | CITY-ST-ZIP |
| DOCUMENT # | NAME |
| STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP | CITY-ST-ZIP |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--------------------------------------|
| STREET ADDRESS | 700049167177 |
| CITY-ST-ZIP | 03/25/05--01005--003 **535.00 |
| STREET ADDRESS | 13585 KILTIE COURT |
| CITY-ST-ZIP | DELRAY BEACH, FL 33446 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 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: *Samuel M. Sisky* **SAMUEL M. SISKY** 15 March 05 (561) 241-8522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #