

2004 LIMITED PARTNERS P ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A97000001803



1. Entity Name
MARR 95 FAMILY, LTD.

FILED

2004 AUG 16 PM 4:25

DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

Principal Place of Business
**560 OCEAN CAY
 KEY LARGO, FL 33037**

Mailing Address
**560 OCEAN CAY
 KEY LARGO, FL 33037**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
65-0817599

Applied For
 Not Applicable

Zip, Country

Country

Zip, Country

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARR, STUART
 560 OCEAN CAY
 KEY LARGO, FL 33037**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

I, 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

8. Capital Contributions as Shown on record. **\$300,000.00**

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 # **P97000084567**
 NAME **STUART MARR, INC.**
 STREET ADDRESS **560 OCEAN CAY**
 CITY-ST-ZIP **KEY LARGO, FL 33037**

STREET ADDRESS
 CITY-ST-ZIP **200040580022
 08/27/04--01034--009 **376.25**

DOCUMENT #
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 CITY-ST-ZIP

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 CITY-ST-ZIP

DOCUMENT #
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 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP **200040580022
 08/27/04--01034--010 **150.00**

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STREET ADDRESS
 CITY-ST-ZIP

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:

Stuart MARR **STUART D MARR 3/26/04, 305 451 1516**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE HERE

*pd.
 3/26/04
 CK 859
 \$150*