


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002544 1. Entity Name MAR-J, LTD.	
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Principal Place of Business 1201 MONTCALM STREET ORLANDO, FL 32806	Mailing Address 1201 MONTCALM STREET ORLANDO, FL 32806
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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THOMAS, JACK W JR. 1201 MONTCALM STREET ORLANDO, FL 32806	Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____
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9. Capital Contributions as Shown on record. \$1,000,000.00	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 #	P97000095168	STREET ADDRESS	
NAME	THE MAR-J COMPANY	CITY - ST - ZIP	
STREET ADDRESS	1201 MONTCALM STREET		
CITY - ST - ZIP	ORLANDO, FL 32806		
DOCUMENT #		STREET ADDRESS	000000144894
NAME		CITY - ST - ZIP	05/03/04-80004-007 526.25
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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)(f), 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: <i>Jack W. Thomas Jr.</i>	Date: <i>3-12-04</i>	Daytime Phone #
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER