

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

**Due By May 1, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 23 AM 9:43

DOCUMENT # A97000002850

1. Entity Name  
MARODO LIMITED PARTNERSHIP



Principal Place of Business  
10155 COLLINS AVE., APT. 1206  
BAY HARBOUR, FL 33154

Mailing Address  
10155 COLLINS AVE., APT. 1206  
BAY HARBOUR, FL 33154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182005

Chg-LP

CR2E003 (10/03)

4. FEI Number  
65-0803157

Applied For  
Not Applicable

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

MUFSON, FLORENCE PRES  
10155 COLLINS AVE., APT. 1206  
BAY HARBOUR, FL 33154

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
as Shown on record. \$3,663,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. 3,663,000.00

**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 # P97000104000  
NAME MARODO CORP.  
STREET ADDRESS 10155 COLLINS AVE., APT. 1206  
CITY-ST-ZIP BAY HARBOUR, FL 33154

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

20004944 F222  
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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:

*Florence Mufson*

*Florence Mufson*

3/20/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE