


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

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A9800000329**

1. Entity Name  
**MSSE PARTNERSHIP, LTD.**



Principal Place of Business      Mailing Address  
**1373 N.W. COCONUT POINT LANE**      **1373 N.W. COCONUT POINT LANE**  
**STUART, FL 34994**      **STUART, FL 34994**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



02182004      Chg-LP      CR2E003 (10/03)

4. FEI Number      Applied For  
**65-0810559**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ETTINGER, MARK P**  
**1373 N.W. COCONUT POINT LANE**  
**STUART, FL 34994**

**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

9. Capital Contributions as Shown on record.      **\$4,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.      **3,746,996**

**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 #	<b>P98000008705</b>	STREET ADDRESS	
NAME	<b>MSSE, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1373 N.W. COCONUT POINT LANE</b>		
CITY-ST-ZIP	<b>STUART, FL 34994</b>		
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STREET ADDRESS			
CITY-ST-ZIP			

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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: *Mark P. Ettinger*      **MARK P. ETTINGER**      **04-27-04**      **781-3100x231**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone