


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # A98000000329

1. Entity Name
MSSE PARTNERSHIP, LTD.



Principal Place of Business: 1373 N.W. COCONUT POINT LANE, STUART, FL 34994

Mailing Address: 1373 N.W. COCONUT POINT LANE, STUART, FL 34994



2. Principal Place of Business: Suite, Apt #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt #, etc. City & State Zip Country

01202005 Chg-LP CR2E003 (10/03)

4. FEI Number: 65-0810559 Applied For: 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 the if applicable

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

10. Amount of Capital Contributions in FLORIDA to date: 3,658,605

**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 #	P98000008705	STREET ADDRESS	
NAME	MSSE, INC.	CITY-ST-ZIP	
STREET ADDRESS	1373 N.W. COCONUT POINT LANE		
CITY-ST-ZIP	STUART, FL 34994		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	000000345324
STREET ADDRESS			04/30/05-80032-002 526.25
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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: Mark P. Ettinger MARK P. ETTINGER Date: 7/12-781-3004

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