2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A98000001397

FILED
04 MAY 18 AM 10:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. Entity Name
E-LAY, LTD.

Principal Place of Business	Mailing Address
9050 PINE BOULEVARD, SUITE 450 PEMBROKE PINES, FL 33024	P.O. BOX 1119 PALM BEACH, FL 33480

04122004 Chg-LP CR2E003 (10/03) 5/18

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
65-0900150
☐ 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
MARIO BRAMNICK, ESQUIRE, P.A. 9050 PINE BOULEVARD, SUITE 450 PEMBROKE PINES, FL 33024	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.	10. Amount of Capital Contributions in FLORIDA to date.
$7,000.00	$141.25

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#	565969	STREET ADDRESS	
NAME	MARZE CORP.	CITY-ST-ZIP	
STREET ADDRESS	9050 PINES BOULEVARD, SUITE 450		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		
DOCUMENT#		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT#		STREET ADDRESS	900036557939
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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)(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: Mario Bramnick Mario Bramnick V.P. Marze Corp 4/20/04 954-430-0220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #