FILED 2008 LIMITED PARTNERSHIP ANNUAL REPORT. Jan 24, 2008 08:00 Al Secretary of State Due By May 1, 2008 **DOCUMENT # A98000001563** MARMEL ASSOCIATES, LTD. Principal Place of Business ... , ... Mailing Address --**2615 SOUTH UNIVERSITY DRIVE** P.O. BOX 15728 PLANTATION, FL 33318-5728 **DAVIE, FL 33328** 01082008 No Chg-LP CR2E003 (12/06) 4. FEI Number 59-2467249 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARMEL ASSOCIATES, INC. DO NOT WRITE 2615 SOUTH UNIVERSITY DRIVE **DAVIE, FL 33328** IN THIS SPACE 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. FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # P98000057097 NAME MARMEL ASSOCIATES, INC. STREET ADDRESS 2615 SOUTH UNIVERSITY DRIVE City - ST-ZiP **DAVIE, FL 33328** DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT

01/28/08-80041-005 500:00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

14	. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information
	indicated on this report is true and encurate and that my signature shall have the same legal effect as if made under noth, that I am a Congral Portous of the limited northern him
	or the receiver or trustee empowered to execute this aport as required by Chapter 620, Florida Statutes

Mark E. Stelnik, President SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT (NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

> MarMel Associates, Inc., General Partner SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #