


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

**FILED
Feb 03, 2004 08:00 AM
Secretary of State**

DOCUMENT # A9800002666		
1. Entity Name MT FAMILY SUBPARTNERSHIP, LTD.		

Principal Place of Business C/O MARTIN W. TARPLIN 1177 KANE CONCOURSE, STE 201 BAY HARBOUR FL 33154	Mailing Address C/O MARTIN W. TARPLIN 1177 KANE CONCOURSE, STE 201 BAY HARBOUR FL 33154
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MOORE CR2E003 (11/03)

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 65-0879656	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
TAPLIN, MARTIN W 1177 KANE CONCOURSE, STE 201 BAY HARBOUR FL 33154

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
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9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	P98000095891	STREET ADDRESS	
NAME	MT FAMILY CORPORATION ✓	CITY-ST-ZIP	
STREET ADDRESS	1177 KANE CONCOURSE, STE 201	STREET ADDRESS	000000070300
CITY-ST-ZIP	BAY HARBOUR FL 33154	CITY-ST-ZIP	02/28/04 88821 883 150.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 	DATE: 2/2/2004	REGISTRATION PHONE #: 305-865-5760
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