


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

DOCUMENT # A99000000509 1. Entity Name MARKSON-ANDERSON, LTD.			
Principal Place of Business 501 SOUTH MACDILL AVENUE TAMPA FL 33609		Mailing Address 501 SOUTH MACDILL AVENUE TAMPA FL 33609	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	



FILED

04 JAN 30 PM 2:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA



MOORE

6. Name and Address of Current Registered Agent HINES, JAMES P ESQUIRE HINES & ASSOCIATES, P.A. 315 SOUTH HYDE PARK AVENUE TAMPA FL 33606		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____	
9. Capital Contributions as Shown on record. \$380,744.30		10. Amount of Capital Contributions in FLORIDA to date.	
		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	

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 #	L99000001726	STREET ADDRESS	
NAME	HOWARD CANCEL, LLC		
STREET ADDRESS	501 SOUTH MACDILL AVENUE	CITY- ST- ZIP	30002791613 01/29/04--01022--008 **526.25
CITY- ST- ZIP	TAMPA FL 33606		
DOCUMENT #		STREET ADDRESS	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-21-04

Date _____

Daytime Phone #