


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

DOCUMENT # A99000000889

1. Entity Name
THE MARK ANDREW OF THE PALM BEACHES, LTD.



FILED
04 JUN 28 AM 9:34
DEPT. OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business: 2625 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33407
Mailing Address: 2625 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33407



MOORE CR2E003 (11/03) 6/28

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

4. FEI Number: 52-2172254 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**WARD, PHILLIP H III
4420 BEACON CIRCLE, SUITE 100
WEST PALM BEACH FL 33407**

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 title if applicable.

9. Capital Contributions as Shown on record: \$900.00
10. Amount of Capital Contributions in FLORIDA to date.
11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	P98000065184	STREET ADDRESS	
NAME	THE MARK ANDREW OF THE PALM BEACHES, INC.	CITY-ST-ZIP	
STREET ADDRESS	2625 NORTH FLAGLER DRIVE		
CITY-ST-ZIP	WEST PALM BEACH FL 33407		
DOCUMENT #	215145th St Suite 208	STREET ADDRESS	
NAME	west Palm Beach FL	CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP	33407		
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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07/06/04 01031 005 **150.00

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:  6/24/04 (566) 887 9660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #