
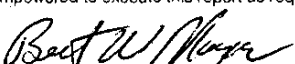


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 10 PM 2:24

2205/18/04

DOCUMENT # B00000000270					
1. Entity Name MOYAR GROUP LIMITED PARTNERSHIP					
Principal Place of Business 1375 EAST NINTH STREET, SUITE 2350 CLEVELAND, OH 44120		Mailing Address 1375 EAST NINTH STREET, SUITE 2350 CLEVELAND, OH 44120			
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 34-1816906	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$5,000.00		10. Amount of Capital Contributions in FLORIDA to date. 5,000			
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 #	MOYAR, BERT W 16257 ALDERSYDE DRIVE SHAKER HEIGHTS, OH 44120			STREET ADDRESS	400037303104 05/25/04--01070--007 **391.25
NAME				CITY-ST-ZIP	
STREET ADDRESS				CITY-ST-ZIP	
DOCUMENT #	MOYAR, MARJORIE M 16257 ALDERSYDE DRIVE SHAKER HEIGHTS, OH 44120			STREET ADDRESS	141.25
NAME				CITY-ST-ZIP	
STREET ADDRESS				CITY-ST-ZIP	
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS				CITY-ST-ZIP	
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STREET ADDRESS				CITY-ST-ZIP	
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS				CITY-ST-ZIP	
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: 				7-21-04 316585-0441	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	

STAPLE CHECK HERE