

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 10 AM 11:17

DOCUMENT # B00000000310					
1. Entity Name MAREL ENTERPRISES OF NORTH CAROLINA LIMITED PARTNERSHIP					
Principal Place of Business C/O SHELDON HARNASH 2336 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021			Mailing Address C/O SHELDON HARNASH 2336 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021		
2. Principal Place of Business 11844 NW 69TH PL Suite, Apt., #, etc. C/O HARNASH City & State PARKLAND FLA Zip 33076		3. Mailing Address 11844 NW 69TH PL Suite, Apt., #, etc. C/O HARNASH City & State PARKLAND FLA Zip 33076		01122006 Chg-LP CR2E003 (11/05)	
33076 BROWARD		33076 BROWARD		4. FEI Number 58-2564148	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KRAMER, ROBERT M 4000 HOLLYWOOD BOULEVARD, SUITE 485 SOUTH HOLLYWOOD, FL 33021			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 _____	
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP HARNASH, SHELDON TRUSTEE 2336 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021			STREET ADDRESS CITY-ST-ZIP 11844 NW 69TH PL PARKLAND FLORIDA 33076		
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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 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: _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Date 1/12/06 Daytime Phone #	

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