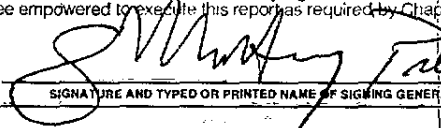


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000001357					
1. Entity Name MATTAWAY LIMITED					
Principal Place of Business 8540 S.W. 52ND AVENUE MIAMI, FL 33143			Mailing Address 8540 S.W. 52ND AVENUE MIAMI, FL 33143		
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 88-0360347	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LAMONT & NEIMAN, P.A. 2 SOUTH BISCAYNE BLVD., SUITE 3550 MIAMI, FL 33131				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 date if applicable.					
9. Capital Contributions as Shown on record. \$0.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P02000087709		STREET ADDRESS		
NAME	MATTAWAY ENTERPRISES, INC.		CITY ST ZIP		
STREET ADDRESS	8540 S.W. 52ND AVENUE				
CITY ST ZIP	MIAMI, FL 33143				
DOCUMENT #			STREET ADDRESS		
NAME			CITY ST ZIP		
STREET ADDRESS					
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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: 			2/1/05 (305) 662 1421		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			DATE		

STAPLE CHECK HERE