


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 23 AM 9:59

DOCUMENT # A03000001064				
1. Entity Name MH FINANCING ASSOCIATES, LLLP				
Principal Place of Business 501 BRICKELL KEY DRIVE SUITE 103 MIAMI, FL 33131 US		Mailing Address 501 BRICKELL KEY DRIVE SUITE 103 MIAMI, FL 33131 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip		Zip		Country
Country		Country		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
BERGER, GERARD 501 BRICKELL KEY DRIVE SUITE 103 MIAMI, FL 33131				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City
				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. \$250,000.00		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 #	NAME		STREET ADDRESS	
NAME	MHF MANAGEMENT ASSOCIATES, LTD		CITY-ST-ZIP	
STREET ADDRESS	501 BRICKELL KEY DRIVE SUITE 103			
CITY-ST-ZIP	MIAMI, FL 33131			
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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: <u>Gerard Berger</u>			Date: <u>3/12/05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>	



03142005 Chg-LP CR2E003 (10/03)

4. FEI Number 86-1074007 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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