


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED  
Apr 26, 2006 08:00 AM  
Secretary of State**

DOCUMENT # A03000001064  
1. Entity Name  
MH FINANCING ASSOCIATES, LLLP



Principal Place of Business      Mailing Address  
501 BRICKELL KEY D RIVE      501 BRICKELL KEY D RIVE  
SUITE 103      SUITE 103  
MIAMI, FL 33131 US      MIAMI, FL 33131 US

**DO NOT WRITE IN THIS SPACE**



04182006 No Chg-LP      CR2E003 (11/05)

4. FEI Number <b>86-1074007</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
BERGER, GERARD  
501 BRICKELL KEY DRIVE  
SUITE 103  
MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

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.

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

110000535720  
05/18/16-A0064-008 500.00

**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

DOCUMENT #	
NAME	MHF MANAGEMENT ASSOCIATES, LTD
STREET ADDRESS	501 BRICKELL KEY DRIVE SUITE 103
CITY-ST-ZIP	MIAMI, FL 33131
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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:       4.25.06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #