

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A04000001104

1. Entity Name
MAYFAIR MANOR, LLLP



FILED
2005 APR 25 PM 12: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
75 N.E. 6TH AVENUE, SUITE 103
DELRAY BEACH, FL 33483

Mailing Address
75 N.E. 6TH AVENUE, SUITE 103
DELRAY BEACH, FL 33483



2. Principal Place of Business

3. Mailing Address

03152005 Chg-LP CR2E003 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-1344146

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINSTEIN, NORMAN S
75 N.E. 6TH AVENUE, SUITE 103
DELRAY BEACH, FL 33483

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$7,500.00

10. Amount of Capital Contributions
in FLORIDA to date. \$7,500.00

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 # L04000050242
NAME MAYFAIR GP, LLC
STREET ADDRESS 99 S.E. MIZNER BLVD., #929
CITY-ST-ZIP BOCA RATON, FL 33432

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

000054345350
05/12/05--01082--019 **141.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY

14. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report is true and accurate and that my signature shall have the same effect as the receiver or trustee empowered to execute this report as required by Chapter 620, F.S.

Norman S. Weinstein

Information
partnership or

SIGNATURE:

Norman S. Weinstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/19/05

561-278-9292