

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # A04000001104

1. Entity Name
MAYFAIR MANOR, LLLP



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**



DO NOT WRITE IN THIS SPACE

01222008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
20-1344146

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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

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

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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

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

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03/11/08-80048-011 500.00

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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:

Norman S. Weinstein

2/25/08

561-278-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #