
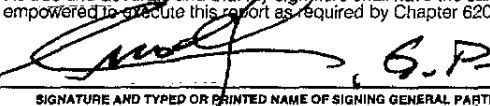


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001263			
1. Entity Name MAY TEN LTD. LIMITED PARTNERSHIP			
Principal Place of Business 19500 TURNBERRY WAY, 8-B AVENTURA, FL 33180		Mailing Address 19500 TURNBERRY WAY, 8-B AVENTURA, FL 33180	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WOLFE, MARY 19500 TURNBERRY WAY, 3-B AVENTURA, FL 33180		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 file if applicable.			
9. Capital Contributions as Shown on record. \$720,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$720,000.00 4/5/05	
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	WOLF, ENRIQUE		
STREET ADDRESS	19500 TURNBERRY WAY, 8-B	CITY - ST - ZIP	
CITY - ST - ZIP	AVENTURA, FL 33180		
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
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: 		4/5/05 (205) 785-5907	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE



03192005 Chg-LP CR2E003 (10/03)

4. FEI Number **65-1008364** Applied For Not Applicable

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

U000000294937
04/03/05-80006-016 526.25