

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**DOCUMENT # A01000001637**

1. Entity Name

**SREV MAYFAIR FLORIDA, LIMITED PARTNERSHIP**



FILED

2005 APR 18 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**1251 AVE OF THE AMERICAS  
36TH FLOOR  
NEW YORK NY 10020**

Mailing Address

**1251 AVE OF THE AMERICAS  
36TH FLOOR  
NEW YORK NY 10020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**01-0549822**

Applied For

Not Applicable

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

**NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301**

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

**11. FILE NOW!!! Due by May 1, 2005.  
See Block 11 instructions for fee info.**

9. Capital Contributions  
as Shown on record.

**\$99,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**- 0 -**

**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 # **P01000118213**  
NAME **SREV MAYFAIR FLORIDA, INC.**  
STREET ADDRESS **1251 AVE. OF THE AMERICAS**  
CITY-ST-ZIP **NEW YORK NY 10020**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**400054118694**  
**05/09/05--01085--021 \*\*\$8.75**

DOCUMENT #  
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**400054118694**  
**05/09/05--01085--022 \*\*\$2.50**

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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 633, Florida Statutes

By: **SREV Mayfair Florida, Inc., as general partner**

SIGNATURE:

**Ellen Guttenberg**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/16/05 212-408-5000**  
Date Daytime Phone #

STAPLE CHECK HERE