


2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007


**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A03000001005**  
1. Entity Name  
**MANACA INVESTMENT LIMITED PARTNERSHIP**



|   |   |
|---|---|
| Principal Place of Business<br><b>1643 BRICKELL AVE., #4102<br/>MIAMI, FL 33129</b> | Mailing Address<br><b>1643 BRICKELL AVE., #4102<br/>MIAMI, FL 33129</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-LP      CR2E003 (12/06)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>06-1704860</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**8. Name and Address of Current Registered Agent**

**EL-NAFFY, HANI  
1643 BRICKELL AVE., #4102  
MIAMI, FL 33129**

**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, 2007, 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 #     | P03000075869                  |
| NAME           | MANACA INVESTMENT CORPORATION |
| STREET ADDRESS | 1643 BRICKELL AVENUE, #4102   |
| CITY-ST-ZIP    | MIAMI, FL 33129               |
| DOCUMENT #     |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| DOCUMENT #     |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| DOCUMENT #     |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |

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01/22/07-80049-002 500.00

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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:** \_\_\_\_\_ **1/16/07** **(305) 520-8109**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #