

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**06 MAY -1 AM 8:42**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**DOCUMENT # A03000001052**

**1. Entity Name**  
**MHF MANAGEMENT ASSOCIATES, LLLP**



**Principal Place of Business**  
**501 BRICKELL KEY DRIVE**  
**SUITE # 103**  
**MIAMI, FL 33131 US**

**Mailing Address**  
**501 BRICKELL KEY DRIVE**  
**SUITE # 103**  
**MIAMI, FL 33131 US**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006 Chg-LP CR2E003 (11/05)

**4. FEI Number**

**APPLIED FOR**

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**

**BERGER, GERARD**  
**501 BRICKELL KEY DRIVE**  
**SUITE # 103**  
**MIAMI, FL 33131**

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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**

**13. ADDRESS CHANGES ONLY**

**DOCUMENT #**  
**NAME** BERGER, GERARD  
**STREET ADDRESS** 501 BRICKELL KEY DRIVE SUITE # 103  
**CITY-ST-ZIP** MIAMI, FL 33131

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

**000075013150**  
**05/22/06--01007--022 \*\*500.00**

**DOCUMENT #**  
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**CITY-ST-ZIP**

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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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4-25-06**

STAPLE CHECK HERE