## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

## **Due By May 1, 2008** SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # A03000001052** 1. Entity Name 08 MAY 12 PM 4: 53 MHF MANAGEMENT ASSOCIATES, LLLP Principal Place of Business Mailing Address 501 BRICKELL KEY DRIVE 501 BRICKELL KEY DRIVE SUITE # 103 **SUITE # 103** MIAMI, FL 33131 MIAMI, FL 33131 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04172008 Chg-LP CR2E003 (12/06) Applied For City & State City & State 4. FEI Number APPLIED FOR Not Applicable \$8.75 Additional Zip Zio Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BERGER, GERARD Street Address (P.O. Box Number is Not Acceptable) **501 BRICKELL KEY DRIVE SUITE # 103** MIAMI, FL 33131 Zip Code City FL 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, 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 13. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS BERGER, GERARD NAME STREET ADDRESS 501 BRICKELL KEY DRIVE SUITE # 103 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 200128790432 <del>/08/08-01003-003-\*\*500:00</del> CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CHECK

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME O SIGNING GENERAL PAR

\_ Gorard Borger

421.08

300/SUBJUDE