2005 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2005** 

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS **DOCUMENT # A03000001064** MH FINANCING ASSOCIATES, LLLP 05 MAR 23 AM 9: 59 Principal Place of Business Mailing Address 501 BRICKELL KEY DRIVE 501 BRICKELL KEY DRIVE SUITE 103 SUITE 103 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142005 CR2E003 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERGER, GERARD Street Address (P.O. Box Number is Not Acceptable) 501 BRI€KELL KEY DRIVE **SUITE 103** MIAMI, FL 33131 City 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 9: Capital Contributions 10. Amount of Capital Contributions as Shown on record. - \$250,000.00 in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13 DOCUMENT # STREET ADDRESS MHF MANAGEMENT ASSOCIATES, LTD NAME 501 BRICKELL KEY DRIVE SUITE 103 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 DOCUMENT # STREET ADDRESS **000049451350** 03/30/05--01004--014 \*\*\*\$2 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 ADORESS CITY-ST-ZIP TER CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHECK NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. If ereby 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes Gerard Berge SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE