2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A03000001064

MH FINANCING ASSOCIATES, LLLP



FILED Apr 23, 2007 08:00 A Secretary of State

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

03212007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 86-1074007

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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		,	
F.a.			
8. The above State obligat	named entity submits this statement for the purpose of changing its retions of registered agent.	gistered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
MIA SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable			DATE
:	FILE NOWI!! 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 #			
NAME	MHF MANAGEMENT ASSOCIATES, LTD		
STREET ADDRESS	501 BRICKELL KEY DRIVE SUITE 103		U00000727237
CITY-ST-ZIP	MIAMI, FL 33131		05/04/07-80039-014 500.00
DOCUMENT 4			

NAME STREET ADDRESS CITY-ST-ZIP **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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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:

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL BURTNER

Daytime Phone #