

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001208 1. Entity Name MAHACO HOLDINGS, LTD.					
Principal Place of Business 2480 NW 46TH ST. BOCA RATON, FL 33431			Mailing Address 2480 NW 46TH ST. BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 20-1406074			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BSPA CORPORATE SERVICES, INC. 350 EAST LAS OLAS BLVD., SUITE 1000 FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name <u>Corporation Service Company</u> Street Address (P.O. Box Number Is Not Acceptable) <u>1201 Hays Street</u> City <u>Tallahassee</u> FL Zip Code <u>32301</u>		
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: <u>Jeanine Reynolds</u> as its agent DATE: <u>4-23-07</u> Signature, typed or printed name of registered agent and fee 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 # NAME STREET ADDRESS CITY-ST-ZIP L04000054423 MAHACO INVESTMENTS, LLC 2480 NW 46TH ST. BOCA RATON, FL 33431			13. ADDRESS CHANGES ONLY STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 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: <u>JAMES P. SWIFT</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			DATE: <u>4/23/07</u> DAYTIME PHONE: <u>(561) 573-7995</u>		

STAPLE CHECK HERE