


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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 FEB 20 AM 10:07

<b>DOCUMENT # A05000000031</b> 1. Entity Name MAYFAIR AT LAWNWOOD, LLLP		
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Principal Place of Business 6400 CONGRESS AVENUE, SUITE 2000 BOCA RATON, FL 33487	Mailing Address 6400 CONGRESS AVENUE, SUITE 2000 BOCA RATON, FL 33487
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02062006 Chg-LP CR2E003 (11/05)

4. FEI Number <b>20-2095429</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEVY, HARRY 6400 CONGRESS AVENUE, SUITE 2000 BOCA RATON, FL 33487		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 #	P05000000809	STREET ADDRESS	
NAME	OHC MANAGEMENT INC.	CITY-ST-ZIP	
STREET ADDRESS	6400 CONGRESS AVENUE, SUITE 2000		
CITY-ST-ZIP	BOCA RATON, FL 33487		
DOCUMENT #		STREET ADDRESS	200066794252
NAME		CITY-ST-ZIP	02/28/06--01014--020 **508.75
STREET ADDRESS			
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NAME		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: Joel M. Levy JOEL M. LEVY 2/10/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE