

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000001906 1. Entity Name NIAGARA/MAYAN, LLLP						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 APR 24 AM 10: 54	
Principal Place of Business 2665 SOUTH BAYSHORE DRIVE, PENTHOUSE 2-A MIAMI, FL 33133				Mailing Address 2665 SOUTH BAYSHORE DRIVE, PENTHOUSE 2-A MIAMI, FL 33133			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip		4. FEI Number 20-3622924 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KATZ, EZRA 2665 SOUTH BAYSHORE DRIVE, PENTHOUSE 2-A MIAMI, FL 33133				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____			
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 #	A05000001905			STREET ADDRESS			
NAME	EK, NIAGARA, LLLP			CITY-ST-ZIP			
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, PENTHOUSE 2-A			CITY-ST-ZIP			
CITY-ST-ZIP	MIAMI, FL 33133			CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Date 4-19-06 Daytime Phone # 305-854-5000			

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