


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 14 AM 11:45

<b>DOCUMENT # A06000000410</b> 1. Entity Name MAYAN PROVIDENCE DEVELOPERS, L.L.L.P	
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Principal Place of Business 2875 NE 191ST STREET 304 AVENTURA, FL 33180	Mailing Address 2875 NE 191ST STREET 304 AVENTURA, FL 33180
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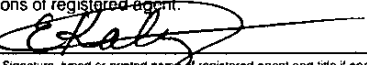
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04092008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent STOK, ROBERT A 2875 N.E. 191ST STREET 304 AVENTURA, FL 33180	
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7. Name and Address of New Registered Agent Name: Ezra Katz Street Address (P.O. Box Number is Not Acceptable): 2665 S. Bayshore Drive, PH2A City: Coconut Grove FL Zip Code: 33133	
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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: 4-9-08
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**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 #	KATZ, EZRA	STREET ADDRESS	
NAME	2665 S. BAYSHORE DRIVE, PH II-A	CITY-ST-ZIP	
STREET ADDRESS	COCONUT GROVE, FL 33133		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	200123069552
STREET ADDRESS			04/11/08--01047--009 **500.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	DATE: 4-9-08 (305) 938-8627 Date Daytime Phone #
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STAPLE CHECK HERE