

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 14 AM 11:44

DOCUMENT # A06000000411

1. Entity Name
 MAYAN PROVIDENCE, L.L.P.



Principal Place of Business
 2875 N.E. 191ST STREET
 SUITE 304
 AVENTURA, FL 33180

Mailing Address
 2875 N.E. 191ST STREET
 SUITE 304
 AVENTURA, FL 33180



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092008 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number
 20-4536006

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOK, ROBERT A
 2875 N.E. 191ST STREET
 SUITE 304
 AVENTURA, FL 33180

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 33133

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 E Katz

Signature, typed or printed name of registered agent and title if applicable.

4-9-08

DATE

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 #
 NAME KATZ, EZRA
 STREET ADDRESS 2665 S. BAYSHORE DRIVE, PH II-A
 CITY - ST - ZIP COCONUT GROVE, FL 33133

STREET ADDRESS

CITY - ST - ZIP

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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: E Katz

4/9/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE