


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

**FILED
Feb 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # A30456
1. Entity Name
MEISTER FINANCIAL MORTGAGE FUND, LTD.



Principal Place of Business
1835 NE MIAMI GARDENS DR
STE 193
N. MIAMI BEACH, FL 33179

Mailing Address
1835 NE MIAMI GARDENS DR
STE 193
N. MIAMI BEACH, FL 33179



02132006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEJ Number 65-0222146	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MEISTER, STEVEN
1835 NE MIAMI GARDENS DR
N. MIAMI BEACH, FL 33179

DO NOT WRITE IN THIS SPACE

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MEISTER, STEVEN 1835 N.E. MIAMI GARDENS DRIVE, #193 N. MIAMI BEACH, FL 33179
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03/06/06-80001-017 500.00

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STAPLE CHECK HERE

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], G.P. 2/20/06 305 653 2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #