


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT #A32125 1. Entity Name MAFERA FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 4675 DYER BLVD. WEST PALM BCH., FL	Mailing Address 4675 DYER BLVD. WEST PALM BCH., FL
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-LP	CR2E003 (11/05)
4. FEI Number 65-0313315	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

**MAFERA, TIMOTHY
1305 PENINSULA DR.
JUPITER, FL 33469**

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 *Timothy Mafera* **Timothy MAFERA 1-21-06**
Signature, typed or printed name of registered agent and title if applicable. 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	
DOCUMENT #	NAME
NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	
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STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

1000001440205
03/02/06 80031-021 500.00

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: *Ramona Y Mafera* **561 719 1273**
Signature and typed or printed name of signing general partner. Date Daytime Phone #

STAPLE CHECK HERE