


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
May 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # A32213					
1. Entity Name M & M MAISON II, LTD.					
Principal Place of Business URBAN LEAGUE OF GREATER MIAMI 8500 N.W. 25TH AVENUE MIAMI, FL 33147			Mailing Address 8500 N.W. 25TH AVENUE MIAMI, FL 33147		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0294243	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FAIR, TALMADGE W GMUL, INC. 8500 N.W. 25TH AVENUE MIAMI, FL 33147				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$907,435.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	S89235	STREET ADDRESS			
NAME	GMUL, INC.	CITY-ST-ZIP			
STREET ADDRESS	8500 N.W. 25TH AVE.				
CITY-ST-ZIP	MIAMI, FL 33147				
DOCUMENT #	S83636	STREET ADDRESS			
NAME	GMN AFFD HSG PTNR II, INC	CITY-ST-ZIP			
STREET ADDRESS	1460 BRICKELL AVE.		400000362629		
CITY-ST-ZIP	MIAMI, FL 33147		05/05/05-80121-018 535.00		
DOCUMENT #	714512	STREET ADDRESS			
NAME	THE URBAN LEAGUE OF GREATER MIAMI, INC.	CITY-ST-ZIP			
STREET ADDRESS	8500 NW 25TH AVENUE				
CITY-ST-ZIP	MIAMI, FL 33147				
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
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STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>[Handwritten Signature]</i>			Date: 04/25/05 Daytime Phone #: 305-696-4450		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



04242005 Chg-LP CR2E003 (10/03)

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