


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A32213</b>	
1. Entity Name <b>M &amp; M MAISON II, LTD.</b>	

Principal Place of Business <b>URBAN LEAGUE OF GREATER MIAMI 8500 N.W. 25TH AVENUE MIAMI, FL 33147</b>	Mailing Address <b>8500 N.W. 25TH AVENUE MIAMI, FL 33147</b>
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**DO NOT WRITE IN THIS SPACE**



04152007 No Chg-LP      CR2E003 (12/06)

4. FEI Number <b>65-0294243</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FAIR, TALMADGE W  
GMUL, INC.  
8500 N.W. 25TH AVENUE  
MIAMI, FL 33147**

**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, 2007, 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 #	S89235
NAME	GMUL, INC.
STREET ADDRESS	8500 N.W. 25TH AVE.
CITY-ST-ZIP	MIAMI, FL 33147
DOCUMENT #	S83636
NAME	GMN AFFD HSG PTNR II, INC
STREET ADDRESS	1460 BRICKELL AVE.
CITY-ST-ZIP	MIAMI, FL 33147
DOCUMENT #	714512
NAME	THE URBAN LEAGUE OF GREATER MIAMI, INC.
STREET ADDRESS	8500 NW 25TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33147
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000735284  
05/10/07-80027-015 508.75

**DO NOT WRITE IN THIS SPACE**

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:** *Luzelle Fair Talmadge W. Fair*      Date: *04/16/07*

STATE OF FLORIDA