

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 17 AM 10:46

DOCUMENT # A93000000019

1. Entity Name
 MAYER FAMILY PARTNERSHIP, LTD.



Principal Place of Business
 2745 W. CYPRESS CREEK RD.
 FT. LAUDERDALE, FL 33309

Mailing Address
 2745 W. CYPRESS CREEK RD.
 FT. LAUDERDALE, FL 33309

2. Principal Place of Business
 100 NE 3rd Avenue
 Suite, Apt. #, etc.
 Suite 300

3. Mailing Address
 100 NE 3rd Avenue
 Suite, Apt. #, etc.
 Suite 300

City & State
 Ft. Lauderdale, FL

City & State
 Ft. Lauderdale, FL

Zip
 33301-1164

Country

Zip
 33301-1164

Country



03072006 Chg-LP CR2E003 (11/05)

4. FEI Number
 65-0380872

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GURLAND, BARRY T
 2745 W. CYPRESS CREEK RD.
 FT. LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 100 NE 3rd Avenue, Suite 300

City
 Ft. Lauderdale

FL

Zip Code
 33301-1164

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P92000013432	STREET ADDRESS	100 NE 3rd Avenue, Suite 300
NAME	MAYER OPERATING CO., INC.	CITY-ST-ZIP	Ft. Lauderdale, FL 33301-1164
STREET ADDRESS	2745 W. CYPRESS CREEK RD.		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		
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CITY-ST-ZIP			

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 03/31/06--01027--018 **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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/08/06

Daytime Phone #

STAPLE CHECK HERE