


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

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

**DOCUMENT # A93000000767**  
 1. Entity Name  
**OVERSEAS PARTNERSHIP MAWI, LTD.**



Principal Place of Business  
**786 SOUTH ORANGE AVENUE**  
**SARASOTA, FL 34236**

Mailing Address  
**786 SOUTH ORANGE AVENUE**  
**SARASOTA, FL 34236**



**DO NOT WRITE IN THIS SPACE**

02132006 No Chg-LP      CR2E003 (11/05)

4. FEI Number  
**65-0424677**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SHOAF, MARGARET**  
**2100 S. TAMiami TRAIL, STE. 200**  
**SARASOTA, FL 34239**

**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 #	J41038
NAME	OVERSEAS DEVELOPMENT CORP. OF SARASOTA, INC
STREET ADDRESS	786 SOUTH ORANGE AVENUE
CITY-ST-ZIP	SARASOTA, FL 34236
DOCUMENT #	
NAME	
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CITY-ST-ZIP	

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UDN/02/28/06-80076-002 158.75

NU000440037  
 03/02/06-80025-002 500.00

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: F. Allen      2-14-06      041-951-622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #