


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

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

FILED
2007 APR 13 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02072007 No Chg-LP CR2E003 (12/06)

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

600097229056
04/17/07--01045--026 **500.00

DO NOT WRITE IN THIS SPACE

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: *[Signature]* 04-06-07 941-951-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #