


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> MAY -3 PM 5:00 SECRETARY OF STATE DIVISION OF CORPORATIONS	
<b>1. Name of Limited Partnership</b> MAYFAIR HOMES, LTD.		<b>1a. DOCUMENT #</b> A93000000838			
<b>Mailing Address</b> 2711 S.W. 26th St. Suite 201 Miami, Florida 33133		<b>Principal Office Address</b> 2711 S.W. 26th St. Suite 201 Miami, Florida 33133		<b>3. Date Formed or Registered</b> 8/13/1993	
				<b>5a. Capital Contributions as Shown on record</b> \$ 400,000.00	
				<b>3a. Date of Last Report</b> 05/04/1998	
				<b>5b. Amount of Capital Contributions in FLORIDA to date</b>	
<b>2. Mailing Address</b> 2125 N.W. 8th Ave Suite, Apt. #, etc.		<b>2a. Principal Office Address</b> 2125 N.W. 8th Ave Suite, Apt. #, etc.		<b>4. State or Country of Formation</b> FL	
<b>City &amp; State</b> Miami, Florida		<b>City &amp; State</b> Miami, Florida		<b>6. FEI Number</b> 65-0454813	
<b>Zip</b> 33127		<b>Zip</b> 33127		<b>7. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b> Garcia-Vidal, Raoul, Esq. 1 Alhambra Plaza Suite 1450 Coral Gables, FL 33134		<b>10. If changed, new Registered Agent/Office</b> Name Raoul Garcia-Vidal, Esq. Street Address (P.O. Box Number Is Not Acceptable) 2655 Le Jeune Road Suite, Apt. #, etc. Penthouse 2-C City Coral Gables	
		FL Zip Code 33134	

**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_

DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b> Mayfair Homes, Inc.	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 2125 N.W. 8th Avenue	<b>11b. City, State &amp; Zip Code</b> Miami, Florida 33127	<b>11c. Registration/Document Number</b> K93553
1000002873271--6 -05/13/99--010094-020 *****535.00 *****535.00			

CR2E003 (8/98)

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Typed or Printed Name of General Partner Signing Form

Joel Gall, President

Daytime Telephone Number (305) 325-1162