2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Feb 23. 2006 08:00 AM

Due By May 1, 2006 DOCUMENT #A9400000815 1. Entity Name			Secretary of State	
			Secre	lary of State
MEISTER FINANCIAL MORT	GAGE INVESTMENT TRUST,			
Principal Place of Business	Mailing Address		}	
1901 N.E. 188TH STREET MIAMI, FL 33179	1901 N.E. 188TH STREET MIAMI, FL 33179			
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DO NOT WRITE IN THIS SPACE			4. FEI Number	CR2E003 (11/05) Applied For
			65-0536102	Not Applicable
			5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address o	f Current Registered Agent	-	- · - · · · · · · · · · ·	
MEISTER, STEVEN 1901 N.E. 188TH STREET			DO NOT WR	RITE
MIAMI, FL 33179			IN THIS SPA	
			ווע ו חוס סרף	NCE.
The above named entity submits this state obligations of registered agent.	atement for the purpose of changing its regist	ered affice or register	ed agent, or both, in the State of Florid	a. I am familiar with, and accept
SIGNATURE —	. –		-	
Signature, typed or printed name of reg	rstered agent and title if applicable			DATE
	LE NOW!!! FEE IS \$500.00 lay 1, 2006, Fee will be \$900.00		{	
A GENERAL PAR NOTE: General Part	RTNER THAT IS A BUSINESS ENTITY ners MAY NOT be changed on the for	MUST BE REGIST	TERED AND ACTIVE WITH THIS	OFFICE.
	PARTNER INFORMATION	in, as americaner	t must be med to change a gent	nai partiter.
DOCUMENT#				
MANNE MEISTER, STEVEN STREET ADDRESS 1901 N.E. 188TH STREET	er l			
CITY-ST-ZIP MIAMI, FL 33179				
DOCUMENT #			<u> </u>	43318 0001-018 500.00
STREET ADDRESS			ひろくひちくひちつち	0081-018 20 0.00
City-St-11P				
DOCUMENT #				
STREET AUDRESS	i		DO NOT WRI	ITF
CITY-ST-ZIP				·
DOCUMENT #	·		IN THIS SPA	UE
NAME SIBLES ADDRESS				
City-St-Zii				
DOCUMENT #				
NAME. Street address	1			
CJTY-ST-ZIP				
DOCUMENT F NAME				
- Trust				

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: .

STREET ADDRESS

6.0 SIGNATURE AND THEED OR PRINTED HAME OF SIGNING GENERAL PARTNER