


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000001415	
1. Entity Name MAFDALI LIMITED PARTNERSHIP	

Principal Place of Business 241 POINCIANA ISLAND DRIVE SUNNY ISLES BEACH FL 33160-4520 US	Mailing Address 241 POINCIANA ISLAND DRIVE SUNNY ISLES BEACH FL 33160-4520
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0682113	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRYE, AUSTIN A ESQ. 20900 WEST DIXIE HIGHWAY AVENTURA FL 33180	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.	11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE	
9. Capital Contributions as Shown on record. \$1,250,000.00	10. Amount of Capital Contributions in FLORIDA to date.

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 #	NAME	STREET ADDRESS	
NAME	DAVID MAFDALI, TRUSTEE	CITY- ST- ZIP	
STREET ADDRESS	241 POINCIANA ISLAND DRIVE		
CITY- ST- ZIP	SUNNY ISLES BEACH FL 33160-4520		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	VALERIE MAFDALI, TRUSTEE	CITY- ST- ZIP	
STREET ADDRESS	241 POINCIANA ISLAND DRIVE		
CITY- ST- ZIP	SUNNY ISLES BEACH FL 33160-4520		
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CITY- ST- ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **DAVID Mafdal**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date: 2/27/05 305
Daytime Phone: 919-9799

STAPLE CHECK HERE