

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

**FILED**  
**Mar 28, 2006 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**



03242006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent

**FRYE, AUSTIN A ESQ.  
20900 WEST DIXIE HIGHWAY  
AVENTURA, FL 33180**

**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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**000000482749  
04/11/06-80087-030 500.00**

**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 #	
NAME	<b>DAVID MAFDALI, TRUSTEE</b>
STREET ADDRESS	<b>241 POINCIANA ISLAND DRIVE</b>
CITY-ST-ZIP	<b>SUNNY ISLES BEACH, FL 331604520</b>

DOCUMENT #	
NAME	<b>VALERIE MAFDALI, TRUSTEE</b>
STREET ADDRESS	<b>241 POINCIANA ISLAND DRIVE</b>
CITY-ST-ZIP	<b>SUNNY ISLES BEACH, FL 331604520</b>

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IN THIS SPACE**

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 AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**3/24/06 305-919-9971**

STAPLE CHECK HERE