

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000001415

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Entity Name:** MAFDALI LIMITED PARTNERSHIP

**Current Principal Place of Business:**

241 POINCIANA ISLAND DRIVE  
SUNNY ISLES BEACH, FL 331604520 US

**New Principal Place of Business:**

1379 HARBORVIEW EAST  
HOLLYWOOD, FL 33019 US

**Current Mailing Address:**

241 POINCIANA ISLAND DRIVE  
SUNNY ISLES BEACH, FL 331604520 US

**New Mailing Address:**

1379 HARBORVIEW EAST  
HOLLYWOOD, FL 33019 US

**FEI Number:** 65-0682113

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: DAVID MAFDALI, TRUSTEE  
Address: 241 POINCIANA ISLAND DRIVE  
City-St-Zip: SUNNY ISLES BEACH, FL 331604520

**ADDRESS CHANGES ONLY:**

Address: 1379 HARBORVIEW EAST  
City-St-Zip: HOLLYWOOD, FL 33019 UN

Document #:

Name: VALERIE MAFDALI, TRUSTEE  
Address: 241 POINCIANA ISLAND DRIVE  
City-St-Zip: SUNNY ISLES BEACH, FL 331604520

Address: 1379 HARBORVIEW EAST  
City-St-Zip: HOLLYWOOD, FL 33019 UN

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 MAFDALI

DR.

03/12/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date