



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A97000000355 1. Entity Name ALFIERI-EADE, FAMILY LIMITED PARTNERSHIP #1						FILED 05 MAY 12 PM 3:27 TALLAHASSEE, FLORIDA	
Principal Place of Business 291 FAN PALM ROAD BOCA RATON, FL 33432				Mailing Address 29J FAN PALM ROAD BOCA RATON, FL 33432			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-0730990		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				7. Name and Address of New Registered Agent			
ALFIERI, MARK A 291 FAN PALM ROAD BOCA RATON, FL 33432				Name Street Address (P.O. Box Number is Not Acceptable) City			
				FL Zip Code			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. \$1,521,028.00				10. Amount of Capital Contributions in FLORIDA to date. \$1,559,894.00			
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				13. ADDRESS CHANGES ONLY			
DOCUMENT #	L02000006093			STREET ADDRESS			
NAME	MMHG, LLC			CITY-ST-ZIP			
STREET ADDRESS	291 FAN PALM ROAD			400054321134 05/12/05--01023--003 **526.25			
CITY-ST-ZIP	BOCA RATON, FL 33432			STREET ADDRESS			
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CITY-ST-ZIP				STREET ADDRESS			
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: 				MARK ALFIERI MGR MMHG			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date: 4/27/05 Daytime Phone #: 561-367-0091			

STAPLE CHECK HERE