


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2006**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A97000002594</b> 1. Entity Name MAIWAL INVESTMENTS LTD.	
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Principal Place of Business WALTER SKLAR 288 BEACH DRIVE NE APT 8C ST. PETERSBURG FL 33701	Mailing Address WALTER SKLAR 288 BEACH DRIVE NE APT 8C ST. PETERSBURG FL 33701
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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1st MOORE CR2E003 (10/05)

4. FEI Number **65-0901524** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SKLAR, WALTER WALTER SKLAR 288 BEACH DRIVE NE APT 8C ST. PETERSBURG FL 33701
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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  
 SIGNATURE Walter Sklar DATE 4-24-06  
Signature typed or printed name of registered agent and title if applicable

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	SKLAR, CAROL	STREET ADDRESS	100000039655
NAME	2222 JOY ROAD	CITY-ST-ZIP	05/03/06 00100 500.00
STREET ADDRESS	OCCIDENTAL CA 95465		
CITY-ST-ZIP			
DOCUMENT #	SKLAR, SANDRA	STREET ADDRESS	
NAME	601 E DEL MAR APT 303	CITY-ST-ZIP	
STREET ADDRESS	PASADENA CA 91101		
CITY-ST-ZIP			
DOCUMENT #	VAN ZYLE, JONA	STREET ADDRESS	
NAME	PO BOX 770518	CITY-ST-ZIP	
STREET ADDRESS	EAGLE RIVER AK 99577		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Sandra Sklar SANDRA SKLAR APRIL 19, 2006 626 792-3601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #