2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # A97000002594

1. Entity Name
MAIWAL INVESTMENTS LTD.

Principal Place of Business	Mailing Address
WALTER SKLAR 288 BEACH DRIVE NE APT 8C ST. PETERSBURG, FL 33701	SANDY SKLAR 601 E DEL MAR BLVD #303 PASADENA, CA 91101

DO NOT WRITE IN THIS SPACE

03112008 No Chg-LP CR2E003 (12/06)

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

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

FILE NOW!!! FEE IS $500.00
After May 1, 2008, Fee will be $900.00

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

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05/08/08-80046-003 500.00

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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 4-18-08 626 792-7872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #