

200 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 10 AM 9:26

DOCUMENT # A97000002831 1. Entity Name AMALFI WEST, LTD.					
Principal Place of Business 3621 BAYOU CIRCLE LONGBOAT KEY, FL 34228			Mailing Address 200 SOUTH ORANGE AVENUE C/O RIC GREGORIA SARASOTA, FL 34236		
2. Principal Place of Business		3. Mailing Address 3621 Bayou Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Longboat Key, FL		4. FEI Number 65-0806221	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMBRECHT, WILLIAM G ESQ. 200 SOUTH ORANGE AVENUE SARASOTA, FL 34228			7. Name and Address of New Registered Agent 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>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P97000103942		STREET ADDRESS		
NAME	MDS HOLDINGS, INC.		CITY-ST-ZIP		
STREET ADDRESS	3621 BAYOU CIRCLE				
CITY-ST-ZIP	LONGBOAT KEY, FL 34228				
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STREET ADDRESS					
CITY-ST-ZIP					
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 TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		
			Date _____ Daytime Phone # _____		

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