

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000002388**

1. Entity Name  
**MNL INDUSTRIES, LTD.**



Principal Place of Business  
**1155 HILLSBORO MILE (A1A), SUITE 602**  
**HILLSBORO BEACH, FL 33062**

Mailing Address  
**1155 HILLSBORO MILE (A1A), SUITE 602**  
**HILLSBORO BEACH, FL 33062**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

**65-0876341**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEIBOWITZ, PATRICIA**  
**1155 HILLSBORO MILE (A1A) SUITE 602**  
**HILLSBORO BEACH, FL 33062**

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

*Patricia Leibowitz* Patricia Leibowitz, Sec./Treas

4/19/05

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

DATE

9. Capital Contributions  
 as Shown on record. **\$100.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

**\$100.00**

**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 # **P93000019352**  
 NAME **CENTERGY, INC.**  
 STREET ADDRESS **1155 HILLSBORO MILE (A1A) SUITE 602**  
 CITY-ST-ZIP **HILLSBORO BEACH, FL 33062**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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 CITY-ST-ZIP

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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 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:

*Patricia Leibowitz* Patricia Leibowitz

Date

Daytime Phone #

4/19/05 954-480-6485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE