

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 26, 2006 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**



01112006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0876341**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**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

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

*Patricia Leibowitz*

*4/21/06*  
DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

1100000535385  
05/08/06-20049-012 500.00

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

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**DO NOT WRITE  
IN THIS SPACE**

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:**

*Martin Nick Leibowitz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4/21/06*  
Date

Daytime Phone #

*954-480-6480*

STAPLE CHECK HERE