## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## **FILED** Due By May 1, 2006 May 01, 2006 08:00 A Secretary of State DOCUMENT #A99000002168 1. Entity Name M.A.C. CAPITAL PARTNERS LTD. Principal Place of Business Mailing Address **6899 VIENTO WAY** 6899 VIENTO WAY **BOCA RATON, FL 33433** BOÇA RATON, FL 33433 04252006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0957543 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE COHEN, MARK A 6899 VIENTO WAY BOCA RATON, FL 33433 IN THIS SPACE \$. 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 Signature, typed or printed name of registered agent and title if applicable. DATE 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # P99000086948 M.A.C. CAPITAL ADVISERS INC NAME STREET ADDRESS 1499 W PALMETTO PARK RD., STE 170 CITY-ST-ZIP BOCA RATON, FL 33486 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZiP COCCUMENT # U00000554130 DO NOT!WRITE-020 500.00 NAME STREET ADDRESS CITY-ST-ZIP

IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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 cath; 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:

DOCUMENT # HAME STREET ADDRESS CTTY-ST-ZIP DOCUMENT #

MALAF STREET ACCRESS CITY-ST-ZIP DOCUMENT # MALLEF STREET ADDRESS CITY-ST-ZIP

STAPLE CHECK

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER