
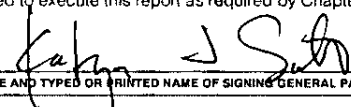


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 FEB -8 AM 10:42

DOCUMENT # A02000000336					
1. Entity Name MP LIMITED PARTNERSHIP					
Principal Place of Business 126 PIERREPONT ST BROOKLYN HEIGHTS, NY 11201			Mailing Address C/O KATHRYN SCOTT 126 PIERPONT STREET BROOKLYN HEIGHTS, NY 11201		
2. Principal Place of Business 9600 W. SAMPLE RD. STE 501		3. Mailing Address 9600 W. SAMPLE RD. STE 501		 01202006 Chg-LP CR2E003 (11/05)	
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL			
4. FEI Number 45-0468827		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33065		Country USA		Zip 33065	
Country USA		Country USA			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____	
Signature, typed or printed name of registered agent and (if applicable)					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	SCOTT, KATHRYN		STREET ADDRESS	000065862750	
NAME	126 PIERREPONT ST			02/15/06--01004--008 **500.00	
STREET ADDRESS	BROOKLYN HEIGHTS, NY 11201		CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS	834 NORTHWOOD Hill DRIVE	
DOCUMENT #	SCOTT, JAMES W			FREDERICKSBURG, TX 78624	
NAME	101 EAST BURBANK STREET		CITY-ST-ZIP		
STREET ADDRESS	FREDERICKSBURG, TX 78624		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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CITY-ST-ZIP			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: 			Date: 1.30.2006		Daytime Phone #: 954-346-1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE