

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # A02000000336 1. Entity Name MP LIMITED PARTNERSHIP	
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Principal Place of Business 9600 W SAMPLE RD SUITE 501 CORAL GABLES, FL 33065	Mailing Address 9600 W SAMPLE RD SUITE 501 CORAL GABLES, FL 33065
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01182007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0468827	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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	
DOCUMENT #	
NAME	SCOTT, KATHRYN
STREET ADDRESS	126 PIERREPONT ST
CITY-STATE-ZIP	BROOKLYN HEIGHTS, NY 11201
DOCUMENT #	
NAME	SCOTT, JAMES W
STREET ADDRESS	834 NORTHWOOD HILL DRIVE
CITY-STATE-ZIP	FREDERICKSBURG, TX 78624
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000621953 02/13/07-80006-015 500.00 DO NOT WRITE IN THIS SPACE
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STAPLE CHECK HERE

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: Kathryn J Scott 1/29/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #