

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A02000000336 1. Entity Name MP LIMITED PARTNERSHIP	
---	---

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
---	---

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	City & State CORAL SPRINGS, FL
City & State CORAL SPRINGS, FL	City & State CORAL SPRINGS, FL	4. FEI Number 45-0468827
Zip Country	Zip Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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
--	--

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.

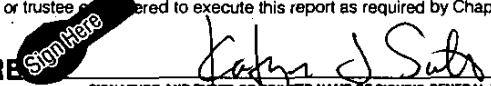
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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	13.	ADDRESS CHANGES ONLY
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS	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 of the limited partnership and that I am required to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE  **DATE** JAN 24, 2008 **DAYTIME PHONE #** 718-935-0425

FILED

08 JAN 30 PM 4:03

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



01192008 Chg-LP CR2E003 (12/06)

4. FEI Number **45-0468827** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

STAPLE CHECK HERE