## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

STAPLE

## FILED DOCUMENT # A28411 2007 APR 23 AH 11: 02 MCC INVESTMENTS, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1203 NORTH BAY DR. --1203 NORTH BAY DR. LYNN HAVEN, FL 32444 LYNN HAVEN, FL 32444 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 04082007 Cha-LP CR2E003 (12/06) City & State Applied For City & State 4. FEI Number 59-2950120 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIMMEL, LYNN C 1203 N. BAY DRIVE Street Address (P.O. Box Number is Not Acceptable) LYNN HAVEN, FL 32444 City 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. 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 ADDRESS CHANGES ONLY DOCUMENT / STREET ANOBESS KIMMEL; LYNN C NALE STREET ADDRESS 1203 N. BAY DRIVE CITY-ST-ZIP CITY-ST-7IP LYNN HAVEN, FL 32444 DOCUMENT # STREET ADDRESS NAME MALCOLM ALEX CROTZER **400101623094** 05/04/07--01055--017 \*\*500.00 STREET ADDRESS **7651 GATE PKWY APT 2304** CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE, FL 32256 DOCUMENT A STREET ADDRESS PATRICK KEARNEY CROTZER STREET ADDRESS 1225 MICHIGAN COURT CITY-ST-ZIP CITY-\$1-ZIP ALEXANDER, VA 22304 DOCUMENT # 52 Songbird Lane Brandenburg, Ky. STREET ADDRESS JOHN CHRISTOPHER CROTZER NAME STREET ADDRESS 788 OEMLER LOOP CITY-ST-ZIP CITY-ST-ZIP SAVANNAH, GA 31410 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CHY-ST-7P 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 850 830-3884 Cell 850-265-8799 SIGNATURE: IATURE AND TYPED OR BEENTED NAME OF SIGNING GENERAL PARTNER