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

STAPLE CHECK

CITY-ST-ZIE

SIGNATURE:

## FILED DOCUMENT # A95000000729 1. Entity Name MXHX, LTD. 2007 MAR 19 PM 3:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2295 CORPORATED BLVD, NW 2295 CORPORATE BLVD., SUITE 222 BOCA RATON, FL 33431-0810 SUITE 222 BOCA RATON, FL 33431 01092007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0579175 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THE HERRICK COMPANY, INC. DO NOT WRITE 2295 CORPORATE BLVD., SUITE 222 BOCA RATON, FL 33431-0810 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, typed or printed name of registered agent and title if applicable. DATE 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. GENERAL PARTNER INFORMATION 12. P95000036468 DOCUMENT # NAME G-P MX, INC. STREET ADDRESS 2295 CORPORATE BLVD., SUITE 222 500094861225 03/27/07--01033--026 \*\*16280.00 CITY-ST-ZIF BOCA RATON, FL 334310810 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS

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 ampowered to execute this report as required by Chapter 620, Florida Statutes

3/20

Daytime Phone #