


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # B99000000039		
1. Entity Name MTV MANAGEMENT LIMITED PARTNERSHIP		

Principal Place of Business 101 NORTH PHILLIPS AVENUE SIOUX FALLS, SD 57117	Mailing Address 101 N. ROBINSON SUITE 800 OKLAHOMA CITY, OK 73102
---	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04272005 Chg-LP CR2E003 (10/03)

4. FEI Number 46-0443851	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent	
ZEIGLER, PAUL A 106 EAST COLLEGE AVE., SUITE 1200 TALLAHASSEE FL 32301	

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 title if applicable

9. Capital Contributions as Shown on record. \$39,414	10. Amount of Capital Contributions in FLORIDA to date. 0
---	---

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 #	M99000000085	STREET ADDRESS	
NAME	MTV ASSOCIATES II, L.L.C.	CITY - ST - ZIP	
STREET ADDRESS	101 NORTH PHILLIPS AVENUE		
CITY - ST - ZIP	SIOUX FALLS, SD 57117		
DOCUMENT #		STREET ADDRESS	U000000366654
NAME		CITY - ST - ZIP	05/16/05-80001-006 141.25
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Curtis L. Hayes, Mgr Date: 4/29/05 Daytime Phone #: 405-605-1244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE