2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106349

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

3929 YESTER PLACE

JOHNSON, RICHARD

29922 BURKE LANE

ORANGE BEACH, AL 36561

(X) Delete

MOBILE, AL 36608

Entity Name: MCS INVESTMENTS GENERAL PARTNER, INC.

FILED Jul 01, 2005 Secretary of State

Current Pi	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
165 WEST I-65 SERVICR RD., N. MOBILE, AL 36608				153 WEST I-65 SERVICE ROAD NORTH MOBILE, AL 36608		
Current M	ailing Addres	s:	New Maili	New Mailing Address:		
165 WEST I-65 SERVICR RD. N. MOBILE, AL 36608				153 WEST I-65 SERVICE ROAD NORTH MOBILE, AL 36608		
FEI Number:	63-1189875	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
BLUE, ROI 221 MCKE PANAMA C		I US	10562 WE: SUITE 200	PORTELLA, PETE 10562 WEST EMERALD COAST PARKWAY SUITE 200 DESTIN, FL 32550 US		
The above in the State		ubmits this statement for the pu	rpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE: PETE POI	RTELLA		07/01/2005		
	Electroni	c Signature of Registered Ager	nt		Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notic	e.		
	S AND DIRECT	` '	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () BURTON, J R 165 WEST I-65 MOBILE, AL 36		Title: Name: Address: City-St-Zip:	BURTON, J F	65 SERVICE ROAD NORTH	
Title: Name: Address: City-St-Zip:	SMITH, MARGA	SERVICE RD.N.	Title: Name: Address: City-St-Zip:	JOHNSON, F 29922 BURK		
Title: Name: Address: City-St-Zip:	D () POSEY, JAMES 165 WEST I-65 MOBILE, AL 36	SERVICR RD.N.	Title: Name: Address: City-St-Zip:	POSEY, JAM	65 SERVICE ROAD NORTH	
Title: Name:	D () SMITH, NORVEI	Delete LLE L	Title: Name:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: J. ROE BURTON D 07/01/2005

() Change () Addition