


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 14, 2007**

**DOCUMENT # B06000000168**

1. Entity Name  
10420 MCKINLEY PARTNERS, LP



FILED  
07 JUN 13 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business C/O THE HANOVER COMPANY 5847 SAN FELIPE, SUITE 3600 HOUSTON, TX 77057		Mailing Address C/O THE HANOVER COMPANY 5847 SAN FELIPE, SUITE 3600 HOUSTON, TX 77057	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05202007 Chg-LP CR2E003 (12/06)

4. FEI Number  Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City, State, Zip Code FL	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent when applicable

**FILE NOW!!! FEE IS \$900.00  
On or after September 14, 2007, Fee will be \$1000.00**

**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 CITY-STATE-ZIP	M04000003560 HANOVER/METLIFE G.P. LLC 5847 SAN FELIPE, SUITE 3600 HOUSTON, TX 77057	STREET ADDRESS CITY-STATE-ZIP	400104674014 06/21/07--01048--001 **900.00
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 219 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: *Kathy K. Brinsford*      6-4-07 713.580.1193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Phone Number