


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

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000000018</b> 1. Entity Name MCM PARTNERSHIP, LTD. LLLP	
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Principal Place of Business 210 BIMINI RD. COCOA BEACH, FL 32931	Mailing Address 210 BIMINI RD. COCOA BEACH, FL 32931
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01022007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3627069	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  ALLEN, JOHN M 210 BIMINI RD. COCOA BEACH, FL 32931
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**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

U00000580385  
01/10/07 80045 004 508.75

**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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	ALLEN, JOHN M TRUSTEE 210 BIMINI RD. COCOA BEACH, FL 32931
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	ALLEN, DIANE T TRUSTEE 210 BIMINI RD. COCOA BEACH, FL 32931
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**DO NOT WRITE  
IN THIS SPACE**

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

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-2-07

Date

Daytime Phone #

STAPLE CHECK HERE