2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1, 2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CHICK

STAPLE

SIGNATURE:

mmo

Feb 08, 2005 08:00 AM Secretary of State DOCUMENT # A00000001465 1. Entity Name MMG ENTERPRISES OF LONGWOOD, LTD. Principal Place of Business Mailing Address 791 WETSTONE PLACE SANFORD FL 32771 791 WETSTONE PLACE SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. 1ST MOORE CR2E003 (10/04) City & State City & State Applied For 4. FEI Number 59-3674709 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREGORY, MICHAEL E Street Address (P.O. Box Number is Not Acceptable) 791 WETSTONE PLACE SANFORD FL 32771 Zip Code F۱ 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. 11. FILE NOW!!! Due by May 1, 2005. Signature, typed or printed name of registered agent and title if apply able See Block 11 instructions for fee info. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,143,651.20 as Shown on record. in FLORIDA to date. 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. ADDRESS CHANGES ONLY 13. L00000011492 DOCUMENT # STREET ADDRESS NAME MMG GENERAL, LLC STREET ADDRESS 536 TALL OAK TERRACE CITY-ST-ZIP CITY - ST - ZIP LONGWOOD FL 32750 DOCUMENT # STREET ADDRESS U000000220017 NAME 02/08/05-80050-022-526.25 STREET ADDRESS CHY-ST-7P CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST ZIP CITY - ST - 7IP DOCUMENT # STREET ADDRESS NAME STEFFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CLTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS OffY-ST-7/P CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes 1 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

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