


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000001465		
1. Entity Name MMG ENTERPRISES OF LONGWOOD, LTD.		

Principal Place of Business 791 WETSTONE PLACE SANFORD FL 32771	Mailing Address 791 WETSTONE PLACE SANFORD FL 32771
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 59-3674709		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 GREGORY, MICHAEL E 791 WETSTONE PLACE SANFORD FL 32771		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

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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.

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	L00000011492		STREET ADDRESS	
NAME	MMG GENERAL, LLC		CITY-ST-ZIP	
STREET ADDRESS	536 TALL OAK TERRACE			
CITY-ST-ZIP	LONGWOOD FL 32750			
DOCUMENT #			STREET ADDRESS	000000401547
NAME			CITY-ST-ZIP	02/02/06-80049-004 500.00
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STREET ADDRESS				
CITY-ST-ZIP				

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:  **407**
493-186