
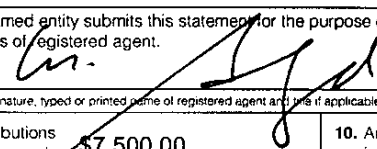
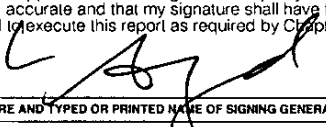


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 MAY -3 PM 2: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000000413 1. Entity Name MWD PARTNERS, LLLP					
Principal Place of Business 2300 GLADES ROAD SUITE 100E BOCA RATON, FL 33431			Mailing Address 2300 GLADES ROAD SUITE 100E BOCA RATON, FL 33431		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MWD EQUITY CORP. 2300 GLADES ROAD SUITE 100E BOCA RATON, FL 33431				Name MWD Equity, LLC. Street Address (P.O. Box Number is Not Acceptable) 2300 Glades Road Suite 100-E City Boca Raton FL Zip Code 33431	
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 04/25/05					
9. Capital Contributions as Shown on record. \$7,500.00			10. Amount of Capital Contributions 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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L02000029255		STREET ADDRESS	700055380567	
NAME	MWD EQUITY, LLC.		CITY-ST-ZIP	05/26/05--01069--005 **141.25	
STREET ADDRESS	2300 GLADES ROAD, SUITE 100E				
CITY-ST-ZIP	BOCA RATON, FL 33431				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William R. Greenfield			Date 2/28/05		Daytime Phone # 561-392-6662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE