



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

<b>DOCUMENT # A03000000385</b> 1. Entity Name <b>MNP SALEM INVESTMENTS, LTD.</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>07 JUN 15 PM 12:11</b>	
Principal Place of Business <b>845 LILA STREET BARTOW, FL 33830</b>				Mailing Address <b>845 LILA STREET BARTOW, FL 33830</b>			
2. Principal Place of Business - No P.O. Box # <b>2413 BAYSHORE BLVD.</b>		3. Mailing Address <b>2413 BAYSHORE BLVD</b>					
Suite, Apt. #, etc. <b>APT 1904</b>		Suite, Apt. #, etc. <b>APT 1904</b>					
City & State <b>TAMPA - FL</b>		City & State <b>TAMPA - FL</b>					
Zip <b>33629</b>		Country <b>USA</b>		Zip <b>33629</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>SALEM, MARY G 845 LILA STREET BARTOW, FL 33830</b>				7. Name and Address of New Registered Agent Name <b>MARY G. SALEM</b> Street Address (P.O. Box Number is Not Acceptable) <b>2413 BAYSHORE BLVD.</b> <b>APT 1904</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33629</b>			
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 <u>Mary G. Salem</u> <b>MARY GED SALEM TRUSTEE, 6-8-07</b> Signature, typed or printed name of registered agent and title if applicable <b>MARY G SALEM REVOCABLE TRUST, MANAGER, MNP SALEM INVESTMENTS, LLC.</b>							
<b>FILE NOW!!! FEE IS \$900.00</b> <b>On or after September 14, 2007, Fee will be \$1000.00</b>							
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
<b>12. GENERAL PARTNER INFORMATION</b>				<b>13. ADDRESS CHANGES ONLY</b>			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		MNP SALEM MANAGEMENT, LLC 845 LILA STREET BARTOW, FL 33830		STREET ADDRESS <b>2413 BAYSHORE BLVD- Apt 1904</b>		CITY-ST-ZIP <b>TAMPA - FL 33629</b>	
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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: <u>Mary G. Salem</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				<b>6-8-07 813 254 3629</b> Date Daytime Phone #			
<b>Mary G. Salem, Trustee, Mary Ged Salem Revocable Trust, Manager, MNP Salem Investments, LLC</b>							

STAPLE CHECK HERE

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