## 4007 LIMITED PARTNERSHIP ANNUAL REPORT **FILED** Due By May 1, 2007 Feb 19, 2007 08:00 AM **DOCUMENT # A05000000683 Secretary of State** BRICKELL INVESTMENT PARTNERS, LTD. Principal Place of Business Mailing Address 1680 FRUITVILLE ROAD, #102 1680 FRUITVILLE ROAD, #102 SARASOTA, FL 34236 SARASOTA, FL 34236 02152007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2720405 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent DIXON, MICHAEL J DO NOT WRITE 409 WALL'S WAY OSPREY, FL 34229 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. 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 # L05000033854 NAME MCCE MANAGEMENT, LLC STREET ADDRESS 1680 FRUITVILLE ROAD, #102 CITY-ST-ZIP SARASOTA, FL 34236 DOCUMENT # 000000641619 03/01/07-80007-805 508.75 NAME STREET ADDRESS CITY-ST-7/P DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME 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 enjoywered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

DOCUMENT #

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTIE

216/07 941-284-840