



**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 APR -7 AM 10:38

<b>DOCUMENT # A05000000817</b> 1. Entity Name MMP PARTNERS, LLLP	
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Principal Place of Business 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431	Mailing Address 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01162006 Chg-LP CR2E003 (11/05)
City & State	City & State	4. FEI Number <b>42-1666883</b>
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MMP EQUITY, LLC  
 2300 GLADES ROAD, SUITE 1001  
 BOCA RATON, FL 33431

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000040144	STREET ADDRESS	
NAME	MMP EQUITY, LLC	CITY ST ZIP	
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			
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NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

**200070466162**  
 04/14/06--01061--012 \*\*500.00

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:**  **William R. Greenfield** **3/23/06** **561-392-6662**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE