


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A05000000817</b> 1. Entity Name <b>MMP PARTNERS, LLLP</b>	
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Principal Place of Business <b>2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431</b>	Mailing Address <b>2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431</b>
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02052007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>42-1666883</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MMP EQUITY, LLC 2300 GLADES ROAD, SUITE 1001 BOCA RATON, FL 33431</b>
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**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 #	<b>L05000040144</b>
NAME	<b>MMP EQUITY, LLC</b>
STREET ADDRESS	<b>2300 GLADES ROAD, SUITE 100E</b>
CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	

U00000665311  
03/23/07-80023-009 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**William R. Greenfield**

Date

**2/15/07**

Daytime Phone #

**561-392-6662**

STAPLE CHECK HERE