


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A05000002302 1. Entity Name M&H UNIVERSITY SHOPPES, LLLP	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -8 AM 10:32

Principal Place of Business 1900 SUMMIT TOWER BLVD., SUITE 130 ORLANDO FL 32810	Mailing Address 1900 SUMMIT TOWER BLVD., SUITE 130 ORLANDO FL 32810
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country

1st MOORE CR2E003 (10/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PRICE, PAMELA O 301 EAST PINE STREET, SUITE 1400 ORLANDO FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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												
<table border="1" style="width:100%"> <tr> <td style="width:15%">DOCUMENT #</td> <td style="width:85%">KATZEN, MARC</td> </tr> <tr> <td>NAME</td> <td>1900 SUMMIT TOWER BLVD., SUITE 130</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ORLANDO FL 32810</td> </tr> <tr> <td>CITY ST ZIP</td> <td></td> </tr> </table>	DOCUMENT #	KATZEN, MARC	NAME	1900 SUMMIT TOWER BLVD., SUITE 130	STREET ADDRESS	ORLANDO FL 32810	CITY ST ZIP		<table border="1" style="width:100%"> <tr> <td style="width:15%">STREET ADDRESS</td> <td style="width:85%">800088241488</td> </tr> <tr> <td>CITY ST ZIP</td> <td>02/13/07--01049--003 **500.00</td> </tr> </table>	STREET ADDRESS	800088241488	CITY ST ZIP	02/13/07--01049--003 **500.00
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STAPLE CHECK HERE

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:

Marc Katzen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #