


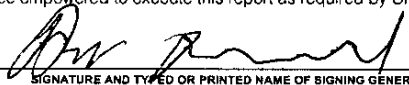
2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A06000000824				
1. Entity Name MITIGATION GROUP LIMITED PARTNERSHIP				
Principal Place of Business 21 EAST LONG LAKE ROAD, STE. 100 BLOOMFIELD HILLS, MI 48304		Mailing Address 21 EAST LONG LAKE ROAD, STE. 100 BLOOMFIELD HILLS, MI 48304		
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	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
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		13. ADDRESS CHANGES ONLY		
DOCUMENT #	P06000086973	STREET ADDRESS		
NAME	MITIGATION PARTNERS, INC.	CITY-ST-ZIP		
STREET ADDRESS	21 EAST LONG LAKE ROAD, STE. 100			
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304			
DOCUMENT #		STREET ADDRESS	500095216135	
NAME		CITY-ST-ZIP	03/29/07--01019--001 **500.00	
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NAME		CITY-ST-ZIP		
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 empowered to execute this report as required by Chapter 620, Florida Statutes				
SIGNATURE: 		3/07/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE