


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

<b>DOCUMENT # A06000000927</b> 1. Entity Name MPC-PPW, LLLP	
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Principal Place of Business 3001 TAMIAMI TRAIL NORTH, SUITE 207 NAPLES, FL 34103	Mailing Address 3001 TAMIAMI TRAIL NORTH, SUITE 207 NAPLES, FL 34103
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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03212007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-5419818	Applied For 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  PERKOVICH, JOSEPH I 3001 TAMIAMI TRAIL NORTH, SUITE 207 NAPLES, FL 34103	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>	

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P98000047706 MCC MANAGEMENT OF NAPLES INC. 3001 TAMIAMI TRAIL NORTH, SUITE 207 NAPLES, FL 34103	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	600102539735 05/15/07--01049--021 **500.00
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date _____ Daytime Phone # _____

FILED

2007 APR 30 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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