


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 19 AM 9:38

DOCUMENT # A06000001235					
1. Entity Name THE-MRO, LP					
Principal Place of Business 925 HERMANN SONS ROAD COMFORT, TX 78013		Mailing Address 925 HERMANN SONS ROAD COMFORT, TX 78013			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		01132007 Chg-LP CR2E003 (12/06)	
				4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GOVERTSEN, NICOLE A 2930 BORINQUEN DRIVE KISSIMMEE, FL 34744				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
100085839071 01/23/07 01017 000 **500.00 DATE					
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 #	GOVERTSEN, GREG G			STREET ADDRESS	
NAME	925 HERMANN SONS ROAD			CITY - ST - ZIP	
STREET ADDRESS	COMFORT, TX 78013				
CITY - ST - ZIP					
DOCUMENT #	PALAZZOLO, ARLENE			STREET ADDRESS	
NAME	2551 BOGGY CREEK ROAD			CITY - ST - ZIP	
STREET ADDRESS	KISSIMMEE, FL 34744				
CITY - ST - ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
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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: <u>Greg Govertsen</u>				1/14/07 407 496 4075 Date Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE