

2008 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2008****FILED****Apr 03, 2008 08:00 AM**
Secretary of State**DOCUMENT # A06000001398**1. Entity Name
MTW-MCDONOUGH, L.P.

Principal Place of Business

2901 RIGSBY LANE
SAFETY HARBOR, FL 34695

Mailing Address

2901 RIGSBY LANE
SAFETY HARBOR, FL 34695

02212008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-8255285

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

FORLIZZO, ROBERT A ESQ.
2903 RIGSBY LANE
SAFETY HARBOR, FL 34695**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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # P05000121744
NAME PDG IV, INC.
STREET ADDRESS 2901 RIGSBY LANE
CITY-ST-ZIP SAFETY HARBOR, FL 34695DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
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NAME
STREET ADDRESS
CITY-ST-ZIP**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:*David A. Baldean*
David Baldean

3-31-08

727-726-1115

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER