


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A07000000491 1. Entity Name MTW-WHITEHALL, L.P.	
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FILED
 08 APR 21 PM 3:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 2901 RIGSBY LANE SAFETY HARBOR, FL 34695	Mailing Address 2901 RIGSBY LANE SAFETY HARBOR, FL 34695
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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

02212008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent	
FORLIZZO, ROBERT A 2903 RIGSBY LANE SAFETY HARBOR, FL 34695	

4. FEI Number 20-0283619	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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7. Name and Address of New Registered Agent	
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 _____
Signature, typed or printed name of registered agent and title if applicable.	

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

500123958495
 04/18/08--01006--021 **500.00

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 #	P07000032914	STREET ADDRESS	
NAME	PDG-SC, INC.	CITY-ST-ZIP	
STREET ADDRESS	2901 RIGSBY LANE		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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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: David A Baldwin **3-31-08** 727-726-1115
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

SAMPLE DOCUMENT