


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

DOCUMENT # A07000001392		
1. Entity Name MTW-RED DEVILS, L.P.		

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

**FILED**  
08 JUL 30 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07242008 Chg-LP CR2E003 (12/06)

4. FEI Number 26-2243066	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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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FORLIZZO, ROBERT A 2903 RIGSBY LANE SAFETY HARBOR, FL 34695		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 \$900.00**  
**On or after September 12, 2008, Fee will be \$1000.00**

**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 #	P05000121744	STREET ADDRESS	
NAME	PDG IV, INC.	CITY-ST-ZIP	300133010713 07/31/08--01011--009 **900.00
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	
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: <u>David A. Babblum</u>	Date: <u>7-24-08</u>	Daytime Phone #: <u>727-726-1115</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

STAPLE CHECK HERE