

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 24 AM 11:05

| | | | | | |
|--|--|---------------------|---|--|--|
| DOCUMENT # A28411 1. Entity Name MCC INVESTMENTS, LTD. | | | | | |
| Principal Place of Business 1203 NORTH BAY DR. LYNN HAVEN, FL 32444 | | | Mailing Address 1203 NORTH BAY DR. LYNN HAVEN, FL 32444 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2950120 | |
| Zip | | Country | | 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 | |
| KIMMEL, LYNN C 1203 N. BAY DRIVE LYNN HAVEN, FL 32444 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | |
| FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 # | NAME | | STREET ADDRESS | | |
| STREET ADDRESS | KIMMEL, LYNN C | | CITY-ST- ZIP | | |
| CITY-ST- ZIP | 1203 N. BAY DRIVE LYNN HAVEN, FL 32444 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | 7651 Gate Pkwy Apt 2304 | |
| STREET ADDRESS | MALCOLM ALEX CROTZER | | CITY-ST- ZIP | Jacksonville, Fla 32256 | |
| CITY-ST- ZIP | 10150 BELLE RIVE, APT. 710 JACKSONVILLE, FL 32256 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | 1225 Michigan Court | |
| STREET ADDRESS | PATRICK KEARNEY CROTZER | | CITY-ST- ZIP | Alexander, Va. 22314 | |
| CITY-ST- ZIP | 5129 GARDNER DRIVE ALEXANDER, VA 22304 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| STREET ADDRESS | JOHN CHRISTOPHER CROTZER | | CITY-ST- ZIP | | |
| CITY-ST- ZIP | 788 OEMLER LOOP SAVANNAH, GA 31410 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| STREET ADDRESS | | | CITY-ST- ZIP | 400074078654 | |
| CITY-ST- ZIP | | | | 05/05/06--01045--015 **500.00 | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| STREET ADDRESS | | | CITY-ST- ZIP | | |
| 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: | | | 4-7-06 850-265-8799 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | <small>Date Daytime Phone #</small> | | |

STAPLE CHECK HERE