

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 23 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04082007 Chg-LP CR2E003 (12/06)

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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2950120	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$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	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					
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 #	NAME		STREET ADDRESS		
NAME	KIMMEL, LYNN C		CITY-ST-ZIP		
STREET ADDRESS	1203 N. BAY DRIVE				
CITY-ST-ZIP	LYNN HAVEN, FL 32444				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	MALCOLM ALEX CROTZER				
STREET ADDRESS	7851 GATE PKWY APT 2304				
CITY-ST-ZIP	JACKSONVILLE, FL 32256				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	PATRICK KEARNEY CROTZER				
STREET ADDRESS	1225 MICHIGAN COURT				
CITY-ST-ZIP	ALEXANDER, VA 22304				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	JOHN CHRISTOPHER CROTZER				
STREET ADDRESS	788 OEMLER LOOP				
CITY-ST-ZIP	SAVANNAH, GA 31410				
DOCUMENT #	NAME		STREET ADDRESS		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
NAME					
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:			850 830-3884 Cell 4-11-07 850-265-8799 HT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE