2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED **DOCUMENT # A31654** JDRP - MLB ASSOCIATES, L.P. 07 MAY 18 AM 9: 42 SECRETARY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O THE PETER LAWRENCE GROUP C/O THE PETER LAWRENCE GROUP 4710 EISENHOWER BLVD., SUITE C-1 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33634 **TAMPA, FL 33634** 01292007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3074165 Not Applicable \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ABRAMS, ALLAN DO NOT WRITE 4710 EISENHOWER BLVD SUITE C-1 IN THIS SPACE TAMPA, FL 33634-6334 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. 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # P34318 100103608491 NAME MLB 91 CORP. 05/31/07--01027--012 **500.00 STREET ADDRESS 4710 EISENHOWER BLVD., STE C-1 CITY-ST-ZIP TAMPA, FL 33634 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

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:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNEI

Kris Hoover

4/20/07

813-889-8855