

2001 UNIFORM BUSINESS REPORT (UBR)

526.25

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DOCUMENT # A94000001491

1. Entity Name
M M & A, A FLORIDA LIMITED PARTNERSHIP

FILED

Principal Place of Business
**105 ODIN DRIVE, S.E.
WINTER HAVEN FL 33884**

Mailing Address
**105 ODIN DRIVE, S.E.
WINTER HAVEN FL 33884**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3270213** 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

**HOGG, MIRIAM S
105 ODIN DRIVE, S.E.
WINTER HAVEN FL 33884**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$934,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **934,000.00** 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 # | HOGG, MIRIAM S | STREET ADDRESS | |
| NAME | 105 ODIN DRIVE, S.E. | CITY-ST-ZIP | |
| STREET ADDRESS | WINTER HAVEN FL 33884 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | AMBROSE, MARY ANN | STREET ADDRESS | |
| NAME | 105 ODIN DRIVE, S.E. | CITY-ST-ZIP | |
| STREET ADDRESS | WINTER HAVEN FL 33884 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | 606935 | STREET ADDRESS | |
| NAME | B & M GROVES, INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 105 ODIN DRIVE, S.E. | | |
| CITY-ST-ZIP | WINTER HAVEN FL 33884 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| CITY-ST-ZIP | | | |

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED *Miriam Hogg*, Gen Partner 2/5/01 (863) 325-8120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)