


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A64000001491

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



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

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt #, etc.
City & State
Zip Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent
**HOGG, MIRIAM S
105 ODIN DRIVE, S.E.
WINTER HAVEN FL 33884**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

4. FEI Number **59-3270213** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

9. Capital Contributions as Shown on record. **\$934,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

000000070869
02/28/04-80036-010 526.25

STAPLE CHECK HERE

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: *x Miriam S Hogg* 2/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #