2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1, 2005**

SIGNATURE:

Feb 09, 2005 08:00 AM DOCUMENT # A94000001491 **Secretary of State** 1. Entity Name M M & A, A FLORIDA LIMITED PARTNERSHIP Principal Place of Business Mailing Address 105 ODIN DRIVE, S.E. WINTER HAVEN FL 33884 105 ODIN DRIVE, S.E. WINTER HAVEN FL 33884 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt #, etc 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 59-3270213 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOGG, MIRIAM S Street Address (P.O. Box Number is Not Acceptable) 105 ODIN DRIVE, S.E. WINTER HAVEN FL 33884 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE - See Block 11 instructions for fee info. Signature, typed or printed name of registered agent and little if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$934,000.00 934,000.00 as Shown on record. in FLORIDA to date. 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 # STREET ADDRESS NAME HOGG, MIRIAM S STREET ADDRESS 105 ODIN DRIVE, S.E. CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33884 DOCUMENT # STREET ADDRESS U00000222166 AMBROSE, MARY ANN NAME n::/99/05-89062-015-526.25 STREET ADDRESS 105 ODIN DRIVE, S.E. CITY-ST-ZIP CITY - ST-ZIP WINTER HAVEN FL 33884 DOCUMENT # 606935 STREET ADDRESS NAME B & M GROVES, INC. STREET ADDRESS 105 ODIN DRIVE, S.E. CULY - ST - ZIP CITY-ST-ZIF WINTER HAVEN FL 33884 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS. CITY - ST- ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS RAME STREET ADDRESS CHY ST-ZIP CITY-ST-ZIP 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

Davtime Phone #