


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

**FILED
Mar 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # A94000001491
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.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

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

**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 _____

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 date if applicable.

FILE NOW!!! Fee is \$500. ** After May 1, 2006, fee will be \$900. * Make check payable to Florida Department of State.**

**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		STREET ADDRESS	
		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		STREET ADDRESS	
		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	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

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03/21/06-00005-013 500.00

STAPLE CHECK HERE

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: *X Miriam S Hogg, Gen. Partner* *X 3/8/06*