2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

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DUE BY MAY 1, 2007 DOCUMENT # A9400001491 M M & A, A FLORIDA LIMITED PARTNERSHIP Principal Place of Business Mailing Address 105 ODIN DRIVE, S.E. 105 ODIN DRIVE, S.E. WINTER HAVEN FL 33884 WINTER HAVEN FL 33884 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Ant # etc 1st MOORE CR2E003 (10/06) 4. FEI Number City & State City & Stato Applied For 59-3270213 Not Applicable Zip Country Ζıp Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOGG, MIRIAM S Street Address (P.O. Box Number is Not Acceptable) 105 ODIN DRIVE, S.E. WINTER HAVEN FL 33884 City 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. FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME HOGG, MIRIAM S STREET ADDRESS 105 ODIN DRIVE, S.E. CITY-SI-7P CITY-ST-ZIP WINTER HAVEN FL 33884 DOCUMENT # STREET ADDRESS NAME <u> 1100000765071</u> AMBROSE, MARY ANN STREET ADDRESS 05/31/07-80024-015 500.00 105 ODIN DRIVE, S.E. CHY-ST-7IP CITY-#f-ZIP WINTER HAVEN FL 33884 DOCUMENT . STREET ADDRESS B & M GROVES, INC. 105 ODIN DRIVE, S.E. CHY-SI-7IP WINTER HAVEN FL 33884 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-S1-7IP CITY-SI-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 eath; 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 #