2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2008

STAPLE CHECK HERE

SIGNATURE: MILLINE AND

DOCUMENT # A9400001491 1. Entity Name					SECRETARY OF STATE DIVISION OF CORPORATIONS	
M M & A, A FLORIDA LIMITED PARTNERSHIP					08 MAY -9 AM 8: 53	
Principal Place of Business Mailing Address				!	- An 0:53	
105 ODIN 0			105 ODIN DRIVE, S.E.			
	VEN FL 33884	WINTER HAVEN FL 33884				
2. Principal F	3. Mailing Address	taling Address				
Suite, Apt. #, etc.		Suile, Apt. #, etc			1st MOORE CR2E003 (10/07)	
City & State		City & State			4. FEI Number 59-3270213 Applied For Not Applicable	
Ζiμ	Country	Zip	Cour	ntry	5. Certificate of Status Desired	
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. Familiar with, and accept the obligations of registered agent.						
SIGNATURE						
FILE NOW!!! Fee is \$500. *** After May 1, 2008, 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			the form	form; an amendment must be filed to change a general partner.		
12.	GENERAL PARTNE	RINFORMATION	13.	·	ADDRESS CHANGES ONLY	
DOCUMENT * NAME	HOGG, MIRIAM S			EET ADDRESS	_	
STREET ADDRESS	105 ODIN DRIVE, S.E.			<u> </u>	000123065580 04/11/0801044025 **500.00	
CITY-ST-ZIP	WINTER HAVEN FL 33884		CIT	Y-ST-ZIP	U4/11/U3==U1U44==U25 **5UU.UU	
DOCUMENT #	AMBROSE, MARY ANN			EET ADOPESS		
STREET ADDRESS CITY-ST-ZIP	· ·		CIT	Y-ST-ZIP		
DOCUMENT # NAME	606935 B & M GROVES, INC.		STR	EET ADDRESS	१ ए ए ए ए ए ए ए ए ए ए ए ए ए ए ए ए ए ए ए	
SIREET ADDRESS 105 ODIN DRIVE, S.E. CITY-ST-7IP WINTER HAVEN FL 33884			CIT	Y-S1-ZIP		
DOCUMENT # NAME			STR	FET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CIT	r-ST ZIP		
NAME .			SIR	EET ADORESS	1014	
STREET ADOPESS CITY-ST-ZIP			CIT	Y-ST-ZIP	\vee	
DOCHMENT # NAME			STR	EET AUCHESS		
STREET ADDRESS SITY- ST- ZIP CIT			CIT	Y-ST-ZIP		
14. I hereby certify that the information supplied with this filling 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 path; 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						