2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED Jun 10, 2005 08:00 AM Secretary of State

| 1. Entity Nan<br>MGTP, L                                   |   |  | g woge ng.co. ←             |  |   | retary of State  |
|--|---|--|-----------------------------|--|---|--|
| 1 '  | ce of Business<br>IGSTON ROAD<br>3559   | Mailing Address 14701 LIVINGSTON C/O OFFICE LUTZ, FL 33559         | ROAD                        |  |   | 1 2014 KEIN KEIN KEI NES NISK ENGI) DI 1207                                |
| 2. Principal Place of Business                             |   | 3. Mailing Address   | 3. Mailing Address          |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  | Suite, Apt. #, etc.         |  | 03262005 Chg-LP   | CR2E003 (10/03)  |
| City & State   |   | City & State   | City & State                |  | 4. FEI Number 59-3363998  | Applied For Not Applicab   |
| Zip  | Country   | Zip  | Count                       | try  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required   |
|  | 6. Name and Address of Cur  | ent Registered Agent   |                             | Name   | 7. Name and Address of New R  | egistered Agent  |
| GRECO, EUGENE S<br>14701 LIVINGSTON ROAD<br>LUTZ, FL 33549 |   |  |                             | Street Address (P.O. Box Number is Not Acceptable) |   |  |
| 1014,74  |   |  |                             | City   |   | Zip Code   |
| 8. The above   | named enlity submite this stateme   | nt for the purpose of changing                                     | ite ramietara               |  | ed agent, or both, in the State of Flo  | r L  |
| the obligat  | tions of registered agent.  | in to the perpode or crianging                                     | na rogiatore                |  | - ···   | nda. Tamtahina wini, ard acce,   |
| SIGNATURE  | Signature, typed or prigled name of registered  |  |                             | <del></del>  | <u>*</u>  | DATE   |
| 9. Capital Co<br>as Shown                                  |   | 10. Amount of Cap<br>in FLORIDA to                                 | oital Contrib               |  | 7.7   |  |
|  | A GENERAL PARTNE  | R THAT IS A BUSINESS E   | NTITY MI                    | UST BE REGIST                                      | ERED AND ACTIVE WITH THE<br>t must be filed to change a ge                    | S OFFICE.  |
| 12.  |   | NER INFORMATION  | 13.                         | an amenomen  | ADDRESS CHA   |  |
| DOCUMENT #<br>NAME   | MIGHTY GOOD, INC. ET ADDRESS 14701 LIVINGSTON ROAD, C/O OFFICE  |  |                             | T ADDRESS  |   |  |
| CITY-ST-ZIP  |   |  |                             | ST-ZIP   |   |  |
| DOCUMENT #   |   |  | STREE                       | T ADDRESS  |   |  |
| STREET ADDRESS<br>CITY-ST-ZIP                              |   | = %  | спү-                        | ST-21P   |   | met al. al   |
| DOCUMENT #<br>KAME   | ADDRESS 7-ZIP CITY-ST-ZIP   |  | STREE                       | T ADDRESS  |   |  |
| STREET ADDRESS<br>CITY-ST-ZIP                              |   |  | CITY-                       | cm-si-zip 06/1 <u>0</u> /05-                       |   | 369487<br>30012-010 535.00   |
| DOCUMENT #   |   |  | T ADDRESS                   |  |   |  |
| STREET ADDRESS<br>CITY-ST-ZIP                              |   | ு. ≅ங்க் ச   | C11Y+                       | ST-21P   |   |  |
| DOCUMENT A   |   |  | STREE                       | T AODRESS  |   |  |
| STREET ADDRESS   |   | <u></u>  | CITY-                       | ST-ZIP   |   |  |
| DOCUMENT #   |   |  | STREE                       | T AODRESS  |   |  |
| STREET ADDRESS<br>-CITY-ST-ZIP                             |   |  | CITY-                       | ST-ZIP   |   | ·  |
| indicated the receiv                                       | retrify that the information supplied on this report is true and accurate er or trustee empowered to execut | and that my signature shall have<br>this report as required by Cha | e the same<br>inter 620. Fi | legal effect as if ma<br>lorida Statutes           | tion 119.07(3)(i), Florida Statutes. I<br>ade under oath; that I am a General | further certify that the information<br>Partner of the limited partnership |
|  | URF. By Purch   | Mey) PROS  | edert                       | <del>/-</del>                                      | 4/22/05   |  |
|  | SIGNATURE AND TYPE  | OGN PRINTED NAME OF SIGNING GENE                                   | HAL PARTNER                 | ·  | Date  | Daytime Phone #  |