

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 08, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # A96000000116**

1. Entity Name  
MGTP, LTD.



Principal Place of Business  
14701 LIVINGSTON ROAD  
C/O OFFICE  
LUTZ, FL 33559

Mailing Address  
14701 LIVINGSTON ROAD  
C/O OFFICE  
LUTZ, FL 33559



04172006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3363998

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GRECO, EUGENE S  
14701 LIVINGSTON ROAD  
LUTZ, FL 33549

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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**

DOCUMENT # P96000004784  
NAME MIGHTY GOOD, INC.  
STREET ADDRESS 14701 LIVINGSTON ROAD, C/O OFFICE  
CITY-ST-ZIP LUTZ, FL 33559

DOCUMENT #  
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CITY-ST-ZIP

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U00000564382  
05/20/06-80061-011 508.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Eugene S Greco* **EUGENE S GRECO** *4/29/06*  
**President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE