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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 10 PM 4:52

DOCUMENT # A96000000116

1. Entity Name

MGTP, LTD.

Principal Place of Business	Mailing Address
14701 LIVINGSTON ROAD C/O OFFICE LUTZ FL 33559	~~14701 LIVINGSTON ROAD~~ C/O OFFICE ~~LUTZ FL 33559~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	501 N. MORGAN STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc. C/O Office Suite 2
City & State	City & State TAMPA FL
Zip / Country	Zip 33602 / Country USA

1st MOORE CR2E003 (10/07)

4. FEI Number 59-3363998 — Applied For / Not Applicable

5. Certificate of Status Desired X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRECO, EUGENE S ~~14701 LIVINGSTON ROAD~~ ~~LUTZ FL 33549~~	Name Street Address (P.O. Box Number is Not Acceptable) 501 N. MORGAN STREET Suite 2 City TAMPA FL Zip Code 33602

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] EUGENE S GRECO 2/13/08
Signature, typed or printed name of registered agent and title if applicable — DATE

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 form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000004784	STREET ADDRESS	
NAME	MIGHTY GOOD, INC.		
STREET ADDRESS	14701 LIVINGSTON ROAD, C/O OFFICE	CITY-ST-ZIP	
CITY-ST-ZIP	LUTZ FL 33559		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	200120876962 03/21/08--01006--010 **508.75
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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.

MIGHTY GOOD INC G.P.

SIGNATURE: By [signature] EUGENE GRECO 2/13/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #