2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

FILED May 05, 2005 08:00 AM Secretary of State

DOCUMENT # A9700001645 1. Entity Name MPOV, LTD.						Secretary of State			
Principal Place of Business Mailing Address								-	
1350 E. NEWPORT CENTER, SUITE 206 P.O. BOX 4219 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL					2-4219		MP15 I MMIS WMIIE WWIII WW	Ni wath dalah ilain n	ilir siyai ariisti ai iyai
Principal Place of Business 3. Mailing Address				ress	<u></u>				
Suite, Apt. #, etc			Suite, Apt #, etc			03142005	Chg-LP	CR2E003	(10/03)
City & State			City & State			4. FEI Number 65-0771			Applied For Not Applicable
Zıp	Zip Country		Zip	Cour	ntry		f Status Desired		.75 Additional Required
	6. Name a	nd Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent Name				
KAY, JAMES R ESQUIRE					Street Address (P.O. Box Number is Not Acceptable)				
KAY LAW OFFICES 700 VILLAGE SQUARE CROSSING., SUITE 102B					Glocal Address (1.0. Dox Hamber is Not Acceptable)				
PALM BEACH GARDENS, FL 33410					City	FL Zip Code			
8. The above	e named entity s	submits this statemer	nt for the purpose of ch	nanging its register	ed office or register	ed agent, or both	, in the State of Flo	—_ 1	liar with, and accept
SIGNATURE								-	
Signature Typed or printed name of registered agent and title it applicable 9. Capital Contributions 10. Amount of Capital Contributions					hutione			DATE	
	on record.	3200.00	in FLC	ORIDA to date.					
	A GE NOTE: (NERAL PARTNE General Partners	R THAT IS A BUSII MAY NOT be chan	NESS ENTITY M ged on the form	IUST BE REGIST n; an amendmen	TERED AND AC	CTIVE WITH TH to change a g	IIS OFFICE. eneral partne	r.
12,		GENERAL PART	NER INFORMATION	13.			ADDRESS CHA		
DOCUMENT # NAME	TMOP, INC.			STR	EET AODPESS				
STREET ADDRESS CITY-ST-ZIP	55 1350 E. NEWPORT CENTER, SUITE 20 DEERFIELD BEACH, FL 33442			. СІТҮ	r-St-ZIP				
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DOCUMENT # NAME				STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY	-S1-7IP				
14. I hereby of indicated the received	certify that the li on this report is ver or trustee en	nformation supplied is true and accurate accurate and accurate	with this filing does not and that my signature s this report as required	qualify for the exe shall have the same d by Chapter 620.	mption stated in Sec e legal effect as if m Florida Statutes	ction 119.07(3)(i), lade under oath, t	Florida Statutes, I hat I am a Genera	further certify the Partner of the	nat the information limited partnership or