## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## Due By May 1, 2006 DOCUMENT # A97000001645

**FILED** May 01, 2006 08:00 AN Secretary of State

1. Entity Name MPOV, LTD.

Principal Place of Business 1350 E. NEWPORT CENTER, SUITE 206 DEERFIELD BEACH, FL 33442

Mailing Address

P.O. BOX 4219 DEERFIELD BEACH, FL 33442-4219



04212006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0771653

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAY, JAMES R ESQUIRE KAY LAW OFFICES 700 VILLAGE SQUARE CROSSING., SUITE 102B PALM BEACH GARDENS, FL 33410

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8. The above the obligation of	e named entity submits this statement for the purpose of changing it ations of registered agent.	s registered office or registered agent, or	both, in the State of Florida. I am familiar with, and accept
SIGNATURE			
Signature, typed or priviled 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 EI NOTE: General Partners MAY NOT be changed on		
12.	GENERAL PARTNER INFORMATION		
	1	<b>=</b>	

P97000064679 DOCHAS NO # TMOP, INC. NAME STREET ADDRESS 1350 E. NEWPORT CENTER, SUITE 206 CITY-SI-7IP DEERFIELD BEACH, FL 33442 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # HAME STREET ADDRESS CHY-ST-ZIP DOCUMENT #

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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 trusteg empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP DOCUMENT #

DOCUMENT # NAME STREET ADDRESS CUTY-SI-ZIP

TER

CHECK NAME STREET ADDRESS CITY-51-2(P

STAPLE

Linda G. Kassof

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/27/2006

(954) 428-4585

Daytme Phone #