

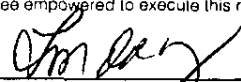


FILED
Feb 21, 2008 08:00 A
Secretary of State

DOCUMENT #A97000001645			
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	
DO NOT WRITE IN THIS SPACE			
		01072008 No Chg-LP CR2E003 (12/06)	
		4. FEI Number 65-0771653	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable			
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00		0000000234137 02/28/08-80040-015 508.75	
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		DO NOT WRITE IN THIS SPACE	
DOCUMENT #	P97000064679		
NAME	TMOP, INC.		
STREET ADDRESS	1350 E. NEWPORT CENTER, SUITE 206		
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442		
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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CITY- ST- ZIP			
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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: 		18. Feb. 2008 984-428-4555	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	