

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000002771

1. Entity Name
MCS INVESTMENTS, LTD.



Principal Place of Business
**153 WEST I-65 SERVICE RD N
MOBILE, AL 36608**

Mailing Address
**153 WEST I-65 SERVICE RD N
MOBILE, AL 36608**



DO NOT WRITE IN THIS SPACE

04102006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
63-1189905

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PORTELLA, PETER R.
10562 WEST EMERALD COAST PARKWAY
SUITE 200
SANDESTIN, FL 32550**

**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

U00000524950
05/04/06-80011-001 500.00

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 # **P97000106349**
NAME **MCS INVESTMENTS GENERAL PARTNER, INC.**
STREET ADDRESS **153 WEST I-65 SERVICE ROAD NORTH**
CITY-ST-ZIP **MOBILE, AL 36608**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

J. Roe Burton 4/11/06

Date

Daytime Phone #

(251) 341-5777

STAPLE CHECK HERE