## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

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## FILED DOCUMENT # A97000002771 MCS INVESTMENTS, LTD. 2007 MAR 27 AM 9: 19 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 153 WEST I-65 SERVICE RD N 153 WEST I-65 SERVICE RD N MOBILE, AL 36608 MOBILE, AL 36608 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192007 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 63-1189905 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PORTELLA, PETER R. Street Address (P.O. Box Number is Not Acceptable) 10562 WEST EMERALD COAST PARKWAY SUITE 200 SANDESTIN, FL 32550 Zip Code FL 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, 2007, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P97000106349 DOCUMENT # STREET ADDRESS MCS INVESTMENTS GENERAL PARTNER, INC. STREET ADDRESS 153 WEST I-65 SERVICE ROAD NORTH CITY-ST ZIP CITY-ST-ZIP MOBILE, AL 36608 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CHTY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 3/19/07 (251)341-5777 SIGNATURE: