

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998 1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
FEB - 4 1999
5:12

1. Name of Limited Partnership

1a. DOCUMENT #
A98000000963

MPN ASSOCIATES LIMITED PARTNERSHIP

Mailing Address

Principal Office Address

410 GIBRALTER PROPERTIES, INC.
415 HIGHLAND AVE
RIDGEWOOD NJ 07450

- SAME

3. Date Formed or Registered

3/11/1998

3a. Date of Last Report

5a. Capital Contributions as
Shown on record

1,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

1,000.00

4. State or Country of Formation

FLORIDA

6. FEI Number

58-2428626

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

Capital Connection Inc.
417 E. Virginia St., Suite 1
Tallahassee, FL 32301-1283

10. If changed, new Registered Agent/Office

Name UCC Filing & Search Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Avenue

Suite, Apt. #, etc.

City

Tallahassee

FL

Zip Code
32301

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Assistant Secretary DATE 02/04/99

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

GIBRALTER PROPERTIES, INC.

415 HIGHLAND AVE

RIDGEWOOD NJ

P 18785

07450

300002770683-9

-02/09/99-01126-011

****156.25 ****156.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(X), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(X) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

WM. L. McKenna Sr.

DATE 2/2/1999

Typed or Printed Name of General Partner Signing Form

WM. L. MCKENNA SR.

Daytime Telephone Number (201) 251-8606