2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2007 Apr 16, 2007 08:00 All Secretary of State **DOCUMENT # A99000000141** MACMILLAN INVESTMENT LIMITED PARTNERSHIP Principal Place of Business Mailing Address 29 N.E. 4TH AVENUE 13493 COLUMBINE AVENUE DELRAY BEACH, FL 33483 WELLINGTON, FL 33414 04122007 No Cha-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0889774 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent STANLEY, CAROL M DO NOT WRITE 29 N.E. 4TH AVENUE DELRAY BEACH, FL 33483 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE 18 \$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. 12. GENERAL PARTNER INFORMATION DOCUMENT # P98000089777 NAME MACMILLAN INVESCO, INC. STREET ADDRESS 29 NE 4TH AVENUE CITY-ST-ZIP DELRAY BEACH, FL 33483 DOCUMENT # U00000708643 NAME STREET ADDRESS 04/24/07-80121-023 150.do CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # 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 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 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 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 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 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 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 and the receiver of the limited partnership or the limited partnership or the receiver of the limited partnership or the limited partnership or

SIGNATURE:

DOCUMENT #

CHECK NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER