


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
Jul 15, 2005 8:00 A.M.
Secretary of State

DOCUMENT # B0000000175

1. Entity Name
MARK W. & DEBRA E. GREGG FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**C/O THE PENROSE GROUP
 8330 BOONE BOULEVARD, SUITE 460
 VIENNA, VA 22182**

Mailing Address
**C/O THE PENROSE GROUP
 8330 BOONE BOULEVARD, SUITE 460
 VIENNA, VA 22182**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07122005 Chg-LP CR2E003 (10/03)

City & State

4. FEI Number
54-1996138

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

9. Capital Contributions as Shown on record. **\$297,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **M00000001127**
 NAME **MDG ASSOCIATES, LLC**
 STREET ADDRESS **8330 BOONE BLVD., SUITE 460**
 CITY-ST-ZIP **VIENNA, VA 22182**

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mark W. Gregg* **mark w. Gregg** 7/14/05 (703) 847-5270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #