

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0019101 MB

**DOCUMENT # B00000000175**



1. Entity Name  
**MARK W. & DEBRA E. GREGG FAMILY LIMITED PARTNERS**  
**HIP**

**FILED**  
**03 MAY 12 PM 1:30**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



Principal Place of Business <b>C/O THE PENROSE GROUP</b> <b>8330 BOONE BOULEVARD, SUITE 460</b> <b>VIENNA VA 22182</b>	Mailing Address <b>C/O THE PENROSE GROUP</b> <b>8330 BOONE BOULEVARD, SUITE 460</b> <b>VIENNA VA 22182</b>
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2. Principal Place of Business		3. Mailing Address		<b>DUE BY MAY 1, 2003</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>54-1996138</b>	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301-2525</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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. <b>\$297,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	M0000001127	STREET ADDRESS	
NAME	MDG ASSOCIATES, LLC	CITY-ST-ZIP	
STREET ADDRESS	8330 BOONE BLVD., SUITE 460		<b>900015658959</b>
CITY-ST-ZIP	VIENNA VA 22182		<b>05/12/03--01008--007 **476.25</b>
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			<b>900015658959</b>
CITY-ST-ZIP			<b>04/10/03--01035--029 **50.00</b>
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 **SIGNATURE REQUIRED** MARK W. Gregg 4/01/03 703-8475270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)