



# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED

2005 APR 11 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # B02000000200</b> 1. Entity Name <b>MLH LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>4150 STONEY POINT ROAD MELBOUREN, FL 32940-1474</b>			Mailing Address <b>4150 STONEY POINT ROAD MELBOUREN, FL 32940-1474</b>		
2. Principal Place of Business <b>16657 Brownstone Crt</b> Suite, Apt. #, etc.		3. Mailing Address <b>16657 Brownstone Crt</b> Suite, Apt. #, etc.			
City & State <b>Westfield IN</b>		City & State <b>Westfield IN</b>		4. FEI Number <b>35-2034815</b>	
Zip <b>46074</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DAVID MURRAY LATZ 4150 STONEY POINT ROAD MELBOUREN, FL 32940-1474</b>			7. Name and Address of New Registered Agent Name <b>Barbara Ann Latz</b> Street Address (P.O. Box Number is Not Acceptable) <b>16657 Brownstone Crt</b> City <b>Westfield</b> IN Zip Code <b>46074</b>		
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 <i>Barbara Ann Latz</i> <b>BARBARA ANN LATZ</b> <b>4-5-05</b> <small>Signature, typed or printed name of registered agent as applicable DATE</small>					
9. Capital Contributions as Shown on record. <b>\$1,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # <b>F02000001365</b> NAME <b>MLH CORPORATION</b> STREET ADDRESS <b>4150 STONEY POINT ROAD</b> CITY-ST-ZIP <b>MELBOUREN, FL 329401474</b>			STREET ADDRESS <b>16657 Brownstone Crt</b> CITY-ST-ZIP <b>Westfield IN 46074</b>		
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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: <i>Barbara Ann Latz</i> <b>BARBARA ANN LATZ</b> <b>4-5-05</b> <b>317-867-2147</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

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