
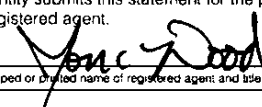
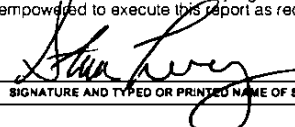


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR -1 AM 10:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # B05000000488				
1. Entity Name MGI ST. JOHNS LIMITED PARTNERSHIP				
Principal Place of Business 5606 SOUTH RICE AVENUE HOUSTON, TX 77081		Mailing Address 5606 SOUTH RICE AVENUE HOUSTON, TX 77081		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	02212007 Chg-LP CR2E003 (12/06)
4. FEI Number 20-3706974		Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
WOOD, JON C 480 NORTH ORANGE AVENUE, C221 WINTER PARK, FL 32789		Name Jon C. Wood		
		Street Address (P.O. Box Number is Not Acceptable) 480 North Orlando Avenue		
		Suite C-222		
		City Winter Park FL Zip Code 32789		
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				
FILE NOW!!! FEE IS \$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		13. ADDRESS CHANGES ONLY		
DOCUMENT #	M05000006237	STREET ADDRESS		
NAME	MORGAN GROUP ST. JOHNS, L.L.C.	CITY-ST-ZIP		
STREET ADDRESS	5606 SOUTH RICE AVENUE			
CITY-ST-ZIP	HOUSTON, TX 77081			
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP		
STREET ADDRESS				
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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 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 empowered to execute this report as required by Chapter 620, Florida Statutes				
SIGNATURE: 		Stanley D. Levy, VP of GP		713/361-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #

STAPLE CHECK HERE

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~~03/13/07 01020 011 **508.75~~