2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

STAPLE

FILED **DOCUMENT # B05000000489** 2007 MAR - 1 AM 10: 18 MGI BALDWIN PARK LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5606 SOUTH RICE AVENUE 5606 SOUTH RICE AVENUE HOUSTON, TX 77081 HOUSTON, TX 77081 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212007 CR2E003 (12/06) Cha-LP City & State City & State Applied For 4. FEI Number 20-3707324 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jon C. Wood WOOD, JON C 480 NORTH ORLANDO AVENUE, SUITE C221 Street Address (P.O. Box Number is Not Acceptable) 480 North Orlando Avenue WINTER PARK, FL 32789 Suite C-222 City Zip Code Winter Park 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 istered agent. MC. SIGNATURE Signature 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY M05000006248 DOCUMENT # STREET ADDRESS NAME MORGAN GROUP BALDWIN PARK, L.L.C. STREET ADDRESS 5606 SOUTH RICE AVENUE CITY-ST-71P CITY-ST-ZIP HOUSTON, TX 77081 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 900092350959 03/13/07--01020--010 **508.75 CITY-ST-ZIF CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY+ST-ZIP 14. I hereby certify that the information supplied with this filling 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 eport as required by Chapter 620, Florida Statutes 1131361-7200 Stanley D. Levy, VP of CP SIGNATURE: SIGNATURE AND TYPED OR PRINTED N Date