


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007**

DOCUMENT # B06000000168

1. Entity Name
10420 MCKINLEY PARTNERS, LP



FILED
07 JUN 13 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business C/O THE HANOVER COMPANY 5847 SAN FELIPE, SUITE 3600 HOUSTON, TX 77057		Mailing Address C/O THE HANOVER COMPANY 5847 SAN FELIPE, SUITE 3600 HOUSTON, TX 77057	
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

05202007 Chg-LP CR2E003 (12/06)

4. FEI Number Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent	
		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 _____
Signature, typed or printed name of registered agent when applicable

**FILE NOW!!! FEE IS \$900.00
On or after September 14, 2007, Fee will be \$1000.00**

**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 #	M04000003560	STREET ADDRESS	
NAME	HANOVER/METLIFE G.P. LLC	CITY-STATE-ZIP	400104874014
STREET ADDRESS	5847 SAN FELIPE, SUITE 3600		06/21/07--01048--001 **900.00
CITY-STATE-ZIP	HOUSTON, TX 77057		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-STATE-ZIP	
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NAME		CITY-STATE-ZIP	
STREET ADDRESS			
CITY-STATE-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 219 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: *Kathy K. Brinsford*

6-4-07 713.580.1193