

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

**FILED**  
**Apr 22, 2009**  
**Secretary of State**

DOCUMENT# B06000000472

**Entity Name:** CLPF/MMIC VENTURE, L.P.

**Current Principal Place of Business:**

7785 BAYMEADOWS WAY, SUITE 200  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

5215 N. O'CONNOR BLVD, STE 1785  
IRVING, TX 75039

**Current Mailing Address:**

7785 BAYMEADOWS WAY, SUITE 200  
JACKSONVILLE, FL 32256

**New Mailing Address:**

5215 N. O'CONNOR BLVD, STE 1785  
IRVING, TX 75039

FEI Number: 20-8023108

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROGERS, WILLIAM S JR.  
7785 BAYMEADOWS WAY, STE 200  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

ROGERS, WILLIAM S JR.  
1538 THE GREENS WAY, STE 105  
JACKSONVILLE BEACH, FL 32250 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/22/2009

Date

**GENERAL PARTNER INFORMATION:**

Document #: M06000006849  
Name: MONTECITO MOB MANAGEMENT, LLC  
Address: 7785 BAYMEADOWS WAY, SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDRESS CHANGES ONLY:**

Address: 5215 N. O'CONNOR BLVD, STE 1785  
City-St-Zip: IRVING, TX 75039

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MONTECITO MOB MANAGEMENT, LLC

GP

04/22/2009

Electronic Signature of Signing General Partner

Date