


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Apr 28, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # B93000000163 1. Entity Name MP DEVELOPMENT, LTD. |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 1275 PEACHTREE STREET, N.E., SUITE 10 ATLANTA GA 30309-3524 | Mailing Address 1275 PEACHTREE STREET, N.E., SUITE 10 ATLANTA GA 30309-3524 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |



MOORE CR2E003 (11/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 58-1767495 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

| |
|---|
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 |
|---|

| |
|--|
| 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 and title if applicable. | DATE |
|--|------|

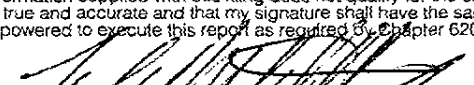
| | | |
|---|---|---|
| 9. Capital Contributions as Shown on record. \$115,203.00 | 10. Amount of Capital Contributions in FLORIDA to date. \$78,145.70 | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|

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 # | NAME | STREET ADDRESS | |
| STREET ADDRESS | 1275 PEACHTREE STREET, N.E., SUITE 100 | CITY-ST-ZIP | |
| CITY-ST-ZIP | ATLANTA GA 30309-3524 | | |
| DOCUMENT # | NAME | STREET ADDRESS | U00000156789 |
| STREET ADDRESS | | CITY-ST-ZIP | 05/06/04-88004-023 526.25 |
| CITY-ST-ZIP | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

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:  | William A. Mitchell, Jr. |
|--|--------------------------|