

2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 10 AM 8:16



1ST MOORE CR2E003 (10/04)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$115,203.00	10. Amount of Capital Contributions in FLORIDA to date. \$78,145.70
---	---

11. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info.

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	c/o Carter
STREET ADDRESS	1275 PEACHTREE STREET, N.E., SUITE 100	CITY-ST-ZIP	171 17th Street, Ste. 1200 Atlanta, GA 30363
CITY-ST-ZIP	ATLANTA GA 30309-3524	STREET ADDRESS	Effective 6/1/05
DOCUMENT #	NAME	CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #	NAME	CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/2/05

Date

404-888-3000

Daytime Phone #

STAPLE CHECK HERE