

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR -7 AM 9:14

DOCUMENT # B93000000163

1. Entity Name
MP DEVELOPMENT, LTD.



Principal Place of Business
1275 PEACHTREE STREET, N.E., SUITE 100
ATLANTA, GA 30309-3524

Mailing Address
1275 PEACHTREE STREET, N.E., SUITE 100
ATLANTA, GA 30309-3524

2. Principal Place of Business

171 17th Street
Suite, Apt. #, etc.

Suite 1200

City & State

Atlanta, GA

Zip
30363

Country
USA

3. Mailing Address

171 17th Street
Suite, Apt. #, etc.

Suite 1200

City & State

Atlanta, GA

Zip
30363

Country
USA

01262006

Chg-LP

CR2E003 (11/05)

4. FEI Number

58-1767495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
MITCHELL, WILLIAM A
% CARTER, 171 17TH STREET, SUITE 1200
ATLANTA, GA 30363

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STARTLE CHECK HERE