


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> B98000000405	
<b>1. Entity Name</b> MM TOOL & DIE L.P.	

<b>Principal Place of Business</b> 28623 LAKE INDUSTRIAL TAVARES FL 32778	<b>Mailing Address</b> P.O. BOX 691 HARVARD IL 60033-0691
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/06)

<b>4. FEI Number</b> 59-3516464	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
<b>7. Name and Address of New Registered Agent</b>	
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

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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	
<b>DOCUMENT #</b>	F98000003452	<b>STREET ADDRESS</b>	
<b>NAME</b>	MMTD MANAGEMENT INC.	<b>CITY- ST- ZIP</b>	
<b>STREET ADDRESS</b>	615 CHIPPEWA ROAD		
<b>CITY- ST- ZIP</b>	HARVARD IL 60033		
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	11000000657983
<b>NAME</b>		<b>CITY- ST- ZIP</b>	03/15/07-80020-002 500.00
<b>STREET ADDRESS</b>			
<b>CITY- ST- ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY- ST- ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY- ST- ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY- ST- ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY- ST- ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY- ST- ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY- ST- ZIP</b>			

**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

**SIGNATURES**



DAVID G Sabel- President

1/19/07

815-943-3303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE