


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

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # B9900000440		
1. Entity Name LUPO M.G., L.P.		
Principal Place of Business 2295 NW CORPORATE BLVD., SUITE 135 BOCA RATON FL 33431		Mailing Address 2295 NW CORPORATE BLVD., SUITE 135 BOCA RATON FL 33431



1st MOORE CR2E003 (10/06)

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 65-0831302		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent LUPO, VITO J. 2295 NW CORPORATE BLVD., SUITE 135 BOCA RATON FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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	
DOCUMENT #	F99000006406	STREET ADDRESS	
NAME	LUPO TEXAS, INC.	CITY - ST - ZIP	
STREET ADDRESS	2295 NW CORPORATE BLVD., SUITE 135		
CITY - ST - ZIP	BOCA RATON FL 33431		
DOCUMENT #		STREET ADDRESS	U000000680395
NAME		CITY - ST - ZIP	04/03/07-80077-005 500.00
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NAME		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**

3/22/07 **561-994-2789**
Date Daytime Phone #

STAPLE CHECK HERE