

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

2007 JUL 27 PM 2:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA



07252007 Chg-P CR2E034 (12/06)

DOCUMENT # F05000002981			
1. Entity Name MMA FINANCIAL KIMBERS COVE GP, INC.		Principal Place of Business 101 ARCH STREET, 13TH FLOOR BOSTON, MA 02110	
Mailing Address 101 ARCH STREET, 13TH FLOOR BOSTON, MA 02110		2. Principal Place of Business - No P.O. Box #	
Suite, Apt. #, etc.		3. Mailing Address	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3068005		Applied For <input type="checkbox"/> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS GLADSTONE, MICHAEL H 101 ARCH STREET, 13TH FLOOR BOSTON, MA 02110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800107464798 08/07/07--01053--010 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDLUND, KAREN L 101 ARCH STREET, 13TH FLOOR BOSTON, MA 02110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: July 26, 2007 Daytime Phone # _____	

00. WALKERS JUL 27 2007