2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000062901

Entity Name: MMA SPECIAL LIMITED PARTNER, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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33 N. GARDEN AVE., STE. 1200 33 N. GARDEN AVE., STE. 1200 CLEARWATER, FL 33755 US

Current Mailing Address: New Mailing Address:

218 N. CHARLES STREET, STE. 500 621 EAST PRATT STREET SUITE 300

BALTIMORE, MD 21202 US

FEI Number: 59-3654883 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BANKS, ROBERT J CT CORPORATION SYSTEM
33 N. GARDEN AVE., STE. 1200 1200 SOUTH PINE ISLAND ROAD
CLEARWATER, FL 33756 US PLANTATION, FL 33324 US

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.

SIGNATURE: BRENDA L. WHITE 04/30/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC () Delete Title: PD (X) Change () Addition

Name: BANKS, ROBERT J Name: FALCONE, MICHAEL

Address: 33 N. GARDEN AVE., STE. 1200 Address: 621 EAST PRATT STREET, SUITE 300

City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: BALTIMORE, MD 21202 US

Name: GLOECKL, KEITH J Name: HARRISON, WILLIAM S

Address: 33 N. GARDEN AVE., STE. 1200 Address: 621 EAST PRATT STREET, SUITE 300

City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: BALTIMORE, MD 21202 US

Title: EVP (X) Delete Title: () Change () Addition Name: REYNOLDS, DON R Name:

 Address:
 33 N. GARDEN AVE., STE. 1200
 Address:

 City-St-Zip:
 CLEARWATER, FL 33756
 City-St-Zip:

Title: SV (X) Delete Title: () Change () Addition

 Name:
 VANDEGRIFT, THOMAS
 Name:

 Address:
 33 N. GARDEN AVE., STE. 1200
 Address:

 City-St-Zip:
 CLEARWATER, FL 33756
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 JOSEPH, MARK
 Name:

 Address:
 218 N. CHARLES STREET, STE. 500
 Address:

 City-St-Zip:
 BALTIMORE, MD 21201
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 FALCONE, MICHAEL
 Name:

 Address:
 218 N. CHARLES STREET, STE. 500
 Address:

 City-St-Zip:
 BALTIMORE, MD 21201
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL FALCONE P 04/30/2004