2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 JUN 21 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000062901

1. Entity Name
MMA SPECIAL LIMITED PARTNER, INC.

Principal Place of Business	Mailing Address
33 N. GARDEN AVE., STE. 1200 CLEARWATER, FL 33755 US	621 EAST PRATT STREET SUITE 300 BALTIMORE, MD 21202 US

06202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3654883
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FALCONE, MICHAEL
STREET ADDRESS	621 EAST PRATT STREET, SUITE 300
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	T
NAME	HARRISON, WILLIAM S
STREET ADDRESS	621 EAST PRATT STREET, SUITE 300
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100056509561
06/24/05--01041--007 **8.75

DO NOT WRITE IN THIS SPACE

100056509561
06/24/05--01041--008 **550.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ Michael Falcone 6-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #