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07 MAY -4 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000062901

1. Entity Name
MMA SPECIAL LIMITED PARTNER, INC.

Principal Place of Business	Mailing Address
621 EAST PRATT STREET SUITE 300 BALTIMORE, MD 21202 US	621 EAST PRATT STREET SUITE 300 BALTIMORE, MD 21202 US

DO NOT WRITE IN THIS SPACE

05022007 No Chg-P CR2E034 (11/05) 07

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

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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. [NOTE: Registered Agent signature required when reinstating]

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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

TITLE	PD
NAME	FALCONE, MICHAEL
STREET ADDRESS	621 EAST PRATT STREET, SUITE 300
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	T
NAME	LUNDQUIST, MELANIE M
STREET ADDRESS	621 EAST PRATT STREET, SUITE 300
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	S
NAME	GOLDBERG, STEPHEN
STREET ADDRESS	621 EAST PRATT STREET, SUITE 300
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	AS
NAME	CONNOLLY, VIRGINIA
STREET ADDRESS	621 EAST PRATT STREET, SUITE 300
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	AS
NAME	SIMS, BRIAN D
STREET ADDRESS	621 EAST PRATT STREET, SUITE 300
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	EVP
NAME	MENTESANA, GARY
STREET ADDRESS	621 EAST PRATT STREET, SUITE 300
CITY-ST-ZIP	BALTIMORE, MD 21202

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05/23/07--01011--020 **150.00

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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: _____ Brian D. Sims 05/01/07 443-263-2900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #