


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 FEB 21 PM 3:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

| | |
|--|---|
| DOCUMENT # A05000002157 |  |
| 1. Entity Name M4 PROPERTIES, LTD. | |

| | |
|--|--|
| Principal Place of Business 369 W. MIRACLE STRIP PARKWAY MARY ESTHER, FL 32569 | Mailing Address 369 W. MIRACLE STRIP PARKWAY MARY ESTHER, FL 32569 |
|--|--|



| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01232008 Chg-LP CR2E003 (12/06)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 20-3911415 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent FOSTER, WILLIAM S 909 MAR WALT DRIVE 1014 FORT WALTON BEACH, FL 32547 | | 7. Name and Address of New Registered Agent Name MCTYEIRE ROBERT A Street Address (P.O. Box Number is Not Acceptable) 369 W. MIRACLE STRIP PARKWAY City MARY ESTHER FL Zip Code 32569 | |
|---|--|---|--|

| | |
|---|--|
| 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 <u><i>Robert A McTyre</i></u> 1/28/08 Signature, typed or printed name of registered agent and title if applicable. DATE | |
|---|--|

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 # L05000114728 | NAME M4 PROPERTIES, L.L.C. | STREET ADDRESS | |
| STREET ADDRESS 369 W. MIRACLE STRIP PARKWAY | CITY-ST-ZIP MARY ESTHER, FL 32569 | CITY-ST-ZIP | |
| DOCUMENT # | NAME | STREET ADDRESS | 02/19/08--01026--009 **\$500.00 |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

| | |
|--|--|
| 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: <u><i>Robert A McTyre</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | 2/13/08 850-664-6859 Date Daytime Phone # |