2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

FILED Apr 18, 2008 08:00 A Secretary of State

DOCUMENT	# A06000001441
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1. Entity Name HEALTH PARK M.O.B. I, LLLP



Principal Place of Business 6450 US HIGHWAY 1 ROCKLEDGE, FL 32955

Mailing Address 6450 US HIGHWAY 1 ROCKLEDGE, FL 32955



DO NOT WRITE IN THIS SPACE

04082008 No Chg-LP CR2E003 (12/06)

Applied For 4. FEI Number Not Applicable 20-8054708 \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

MATHIAS, DAVID E 6450 US HIGHWAY 1 ROCKLEDGE, FL 32955

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SIGNATURE:

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SIGNATURE	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				
DOCUMENT #	L06000101549				
NAME STREET ADDRESS	VIERA M.O.B. I, LLC 6450 US HIGHWAY 1				
CITY-SI-ZIP	ROCKLEDGE, FL 32955				
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