

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A07000000631

**FILED**  
**Mar 20, 2009**  
**Secretary of State**

**Entity Name:** MASTMI LIMITED PARTNERSHIP

**Current Principal Place of Business:**

923 SOUTH TOWN AND RIVER DRIVE  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

923 SOUTH TOWN AND RIVER DRIVE  
FORT MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** 20-8928861

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITESMAN, GUY E  
1715 MONROE STREET  
FORT MYERS, FL 33901 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: L07000043875  
Name: MASTMI GP, LLC  
Address: 923 SOUTH TOWN AND RIVER DRIVE  
City-St-Zip: FORT MYERS, FL 33919

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MASTMI GP, LLC

GP

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date