2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 31 AM 8:15

DOCUMENT # A21787

1. Entity Name
FMB ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
684 ESTERO BLVD. FT. MYERS BEACH, FL 33931	684 ESTERO BLVD. FT. MYERS BEACH, FL 33931

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03292005 Chg-LP CR2E003 (10/03)

4. FEI Number 54-1344474 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MALBON, TIMOTHY GRAY 7211 EMILY DRIVE FORT MYERS, FL 33908	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	$1,500,000.00	10. Amount of Capital Contributions in FLORIDA to date.	

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 #		STREET ADDRESS	
NAME	MALBON, TIMOTHY G		
STREET ADDRESS	684 ESTERO BOULEVARD	CITY-ST-ZIP	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		
DOCUMENT #	F98000003131	STREET ADDRESS	700050094397 04/01/05--01012--025 **526.25
NAME	MALBON MOTEL MANAGEMENT, INC.		
STREET ADDRESS	500 SUSAN CONSTANT DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	VIRGINIA BEACH, FL 23451		
DOCUMENT #		STREET ADDRESS	
NAME			
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STAPLE CHECK HERE

14. 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 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: TIMOTHY G. MALBON [signature] 3-29-05 239-463-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #