2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT # A21787 1. Entity Name Principal Place of Business 684 ESTERO BLVD. FT. MYERS BEACH, FL 33931 DO NOT WRITE IN THIS SPACE 7211 EMILY DRIVE Signature, typed or printed name of registered agent and title if applicable

Due By May 1, 2007



FILED Mar 26, 2007 08:00 AM **Secretary of State**

FMB ASSOCIATES LIMITED PARTNERSHIP

Mailing Address

684 ESTERO BLVD.

FT. MYERS BEACH, FL 33931



01232007 No Chg-LP

CR2E003 (12/06)

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

MALBON, TIMOTHY GRAY FORT MYERS, FL 33908

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	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 are the obligations of registered agent.	n familiar with, and accept
SI	SIGNATURE	

FILE NOW!!! FEE 18 \$500.00 After May 1, 2007, 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 # NAME STREET ADDRESS CITY-ST-ZIP	MALBON, TIMOTHY G 684 ESTERO BOULEVARD FORT MYERS BEACH, FL 33931	
DOCUMENT A NAME STREET ADDRESS CITY-ST-ZIP	F98000003131 MALBON MOTEL MANAGEMENT, INC. 500 SUSAN CONSTANT DRIVE VIRGINIA BEACH, FL 23451	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT #		

000000680415 04/03/07-80077-015 500.00

DO NOT WRITE IN THIS SPACE

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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER