

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # A21787

1. Entity Name
FMB ASSOCIATES LIMITED PARTNERSHIP



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

Mailing Address
**684 ESTERO BLVD.
FT. MYERS BEACH, FL 33931**



02192008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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
7211 EMILY DRIVE
FORT MYERS, FL 33908**

**DO NOT WRITE
IN THIS SPACE**

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

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

U00000834689
02/29/08-80002-020 500.00

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	MALBON, TIMOTHY G
STREET ADDRESS	684 ESTERO BOULEVARD
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931
DOCUMENT #	F98000003131
NAME	MALBON MOTEL MANAGEMENT, INC.
STREET ADDRESS	500 SUSAN CONSTANT DRIVE
CITY-ST-ZIP	VIRGINIA BEACH, FL 23451
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/19/08

Date

239.463-6000

Daytime Phone #

STAPLE CHECK HERE