## **2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007**

DOCUMENT # A95000000092

MB VENTURE, LTD.

Principal Place of Business

2121 EAST VINA DEL MAR BLVD. ST. PETERSBURG BEACH, FL 33706



Mailing Address

2121 EAST VINA DEL MAR BLVD. ST. PETERSBURG BEACH, FL 33706

**FILED** Jan 29, 2007 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

01112007 No Chg-LP

CR2E003 (12/06)

Applied For 4. FEI Number 59-3287435 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 

Fee Required

6. Name and Address of Current Registered Agent

MILBEN CORPORATION 2121 EAST VINA DEL MAR BLVD. ST. PETERSBURG BEACH, FL 33706

CITY-ST-ZIP

**SIGNATURE:** 

## 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 f applicable DATE			
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00			(100000611188 63 63 67 00051 004 500 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 #	238985		
NAME	MILBEN CORPORATION		
STREET ADDRESS	2121 EAST VINA DEL MAR BLVD.		
CITY-ST-ZIP	ST. PETERSBURG BEACH, FL 33706		
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			
NAME STREET ADDRESS		וא סס	OT WRITE
CITY-ST-ZIP		DO N	OI While
DOCUMENT#		IN TH	IIS SPACE
NAME		***	IIO OI AOL
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT#			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT#			
NAME		<u>.</u>	
STREET ADDRESS		741 <u>1</u> .	

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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PAR

I H MILLER