

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A95000000092**

1. Entity Name  
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



03042008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3287435

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**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**

**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 #  
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STREET ADDRESS  
CITY-ST-ZIP

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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**

U000000862240  
04/03/08-80042-008 500.00

STAPLE CHECK HERE