

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

20 JAN 19 1999

SECRETARY OF STATE  
DIVISION OF CORPORATIONS



1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000000680**

**IMB HOLDINGS LIMITED**

Mailing Address

Principal Office Address

1237 SW BLUE STEM WAY  
STUART FL 34997

1237 SW BLUE STEM WAY  
STUART FL 34997

2. Mailing Address

2a. Principal Office Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip Country

Zip Country

3. Date Formed or Registered

04/24/1995

3a. Date of Last Report

01/05/1998

4. State or Country of Formation

FL

6. FET Number

NOT APPLICABLE

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as  
Shown on record

\$20,000.00

5b. Amount of Capital  
Contributions in FL ORO/IA  
to date

☐ Applied For  
☐ Not Applicable

9. Name and Address of Current Registered Agent

HASELTON, RONALD  
1237 SW BLUE STEM WAY  
STUART FL 34997

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt #, etc.

City

10. If changed, new Registered Agent/Office

FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration  
Document Number

IMB HOLDING COMPANY

1237 SW BLUE STEM WAY

STUART FL 34997

123377

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*R. Haselton*

Typed or Printed Name of General Partner Signing Form

IMB HOLDINGS Co./R. Haselton

DATE

12/31/98

Daytime Telephone Number

561-371-6400

CP2E003 (8/98)