


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008092 AT

DOCUMENT # A96000002288

1. Entity Name
MBP PARTNERSHIP, LTD.



FILED
03 AUG -5 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1128 S. HOPKINS AVENUE TITUSVILLE FL 32780	Mailing Address 1128 S. HOPKINS AVENUE TITUSVILLE FL 32780
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	

DUE BY MAY 1, 2003

4. FEI Number 59-3482686	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FISCHER, ROBERT M
1128 S. HOPKINS AVENUE
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)
500018003795

City, State, Zip
05/05/03--01045--012 **150.00

City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$25,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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
	FISCHER, ROBERT M	1128 S. HOPKINS AVENUE	TITUSVILLE FL 32780
	FISCHER, C. MITZINE	1128 S. HOPKINS AVENUE	TITUSVILLE FL 32780

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP
	500018003795
	02/05/03--01044--017 **113.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 220, Florida Statutes

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ **4-30-03** **321-269-3311**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)