

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # A97000001426

1. Entity Name
M.B. FOUR LIMITED PARTNERSHIP



Principal Place of Business
**9220 BONITA BEACH RD.
SUITE 215
BONITA SPRINGS, FL 34125**

Mailing Address
**9220 BONITA BEACH RD.
SUITE 215
BONITA SPRINGS, FL 34125**



01102007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3457853

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPARTA, DENISE
9220 BONITA BEACH RD.
SUITE 215
BONITA SPRINGS, FL 34125**

**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, 2007, 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 # **F21480**
NAME **SAUNDRY ASSOCIATES, INC.**
STREET ADDRESS **9220 BONITA BEACH RD. #215**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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U000000593613
01/22/07-80040-001 500.00

**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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-10-07

239-498-9026

STAPLE CHECK HERE