

A97000001426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

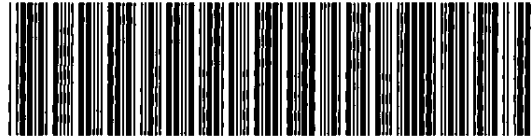
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500102545355

05/29/07--01039--020 \*\*35.00

FILED  
2007 MAY 29 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*al*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2007

DENISE A SPARTA  
407 WEST ST. BLDG B  
NAPLES, FL 34108

SUBJECT: M.B. FOUR LIMITED PARTNERSHIP  
Ref. Number: A97000001426

We have received your document for M.B. FOUR LIMITED PARTNERSHIP and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 107A00033808

2007 MAY 29 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: M.B. Four Limited Partnership  
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A97000001426

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Denise Sparta  
(Contact Person)  
M.B. Four Limited Partnership  
(Firm/Company)  
1407 West St. Bldg B.  
(Address)  
Naples, FL 34108  
(City, State and Zip Code)

For further information concerning this matter, please call:

Denise Sparta at ( 239 ) 254-9927  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

INHS04 (01/06)

2007 MAY 29 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

FILED

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. M.B. Four Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 6/27/1997 3. A97000001426  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Denise Sparta  
Name  
9220 Bonita Beach Rd. Ste 215  
Address  
Bonita Springs FL 34135  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Denise Sparta  
Name  
407 West St. Bldg B  
Florida street address (P.O. Box not acceptable)  
Naples FL 34108  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]  
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.

[Signature]  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

2007 MAY 29 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED