


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 FEB -8 PM 2:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # A97000001426 1. Entity Name M.B. FOUR LIMITED PARTNERSHIP	
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Principal Place of Business 407 WEST ST. BLDG. B NAPLES, FL 34108	Mailing Address 407 WEST ST. BLDG. B NAPLES, FL 34108
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01212008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3457853	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPARTA, DENISE 407 WEST ST. BLDG. B NAPLES, FL 34108	DO NOT WRITE IN THIS SPACE
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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.

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 #	F21480
NAME	SAUNDY ASSOCIATES, INC.
STREET ADDRESS	0220 BONITA BEACH RD. #215 <i>407 West St.</i>
CITY-ST-ZIP	BONITA SPRINGS, FL 34135 <i>Bldg B. Naples, FL 34108</i>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

800118072218
02/14/08--01045--009 **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:

Denise A. Sparta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-22-08 237-254-9927
Date Daytime Phone #

STAPLE CHECK HERE