

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
FL Secretary of State

DOCUMENT # A98000002001



1. Entity Name
MIB PARTNERS, LTD.

Principal Place of Business
2300 GLADES ROAD, SUITE 100E
BOCA RATON, FL 33431

Mailing Address
2300 GLADES ROAD, SUITE 100E
BOCA RATON, FL 33431

2. Principal Place of Business

3. Mailing Address



02192004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0859317

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MIB EQUITY CORP.
2300 GLADES ROAD, SUITE 100E
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name

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

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

Signature: typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record **\$7,500.00**

10. Amount of Capital Contributions in FLORIDA to date

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 # **P98000074633**
NAME **MIB EQUITY CORP.**
STREET ADDRESS **2300 GLADES ROAD, SUITE 100E**
CITY-ST-ZIP **BOCA RATON, FL 33431**

DOCUMENT #
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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CITY-ST-ZIP

000000159804
05/10/04-80004-016 141.25

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 620, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

William R. Greenfield **4/28/04**

Date

561-392-6662

Daytime Phone #

STAPLE CHECK HERE