

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B07000000120

Entity Name: 4M I, LP

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

BEACH MANOR #604  
9001 HWY 98 WEST  
DESTIN, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

10859 EMERALD COAST PARKWAY WEST  
SUITE 204, BOX 414  
MIRAMAR BEACH, FL 32550

**New Mailing Address:**

FEI Number: 62-1755097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: F07000001672  
Name: HEALTH INVESTMENTS, INC.  
Address: 10859 EMERALD COAST PWY W ST204 BX 414  
City-St-Zip: MIRAMAR BEACH, FL 32550

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: IAN FRANKLIN

P

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date