

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAY 10 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B93000000456

1. Entity Name
OBR LIMITED, L.P.



Principal Place of Business
4833 COLLINS AVENUE
C/O OBR SUITE 1714
MIAMI BEACH, FL 33140 US

Mailing Address
4833 COLLINS AVENUE
C/O OBR SUITE 1714
MIAMI BEACH, FL 33140 US

DO NOT WRITE IN THIS SPACE



01042007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
65-0443290

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

M.J.F. REGISTERED AGENT CORP.
153 SEVILLA AVENUE
CORAL GABLES, FL 33134

**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 # L93000000365
NAME **MB** OBR MANAGEMENT, L.C.
STREET ADDRESS 4833 COLLINS AVENUE, SUITE 1714
CITY, ST, ZIP MIAMI BEACH, FL 33140

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700102725197
05/17/07--01035--021 **508.75

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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:

JOEL SIMMONDS - VP OF MB MANAGEMENT

1-29-07

305 672 6607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE