


**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.	
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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
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**DO NOT WRITE IN THIS SPACE**

01042007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0443290	Applied For If Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

**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.**

*[Handwritten Signature]*

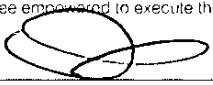
12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	L93000000365 MB OBR MANAGEMENT, L.C. 4833 COLLINS AVENUE, SUITE 1714 MIAMI BEACH, FL 33140
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STAPLE CHECK HERE

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 1-29-07 305 672 607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #