

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B95000000366			
1. Entity Name MBR PARTNERS, LTD.			
Principal Place of Business 5551 RIDGEWOOD DR., SUITE 203 NAPLES FL 34108		Mailing Address 5551 RIDGEWOOD DR., SUITE 203 NAPLES FL 34108-2718	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ATHAN, G. HELEN ESQ. 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES FL 34108		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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. Capital Contributions as Shown on record. \$300,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$300,000. -	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000072622	STREET ADDRESS	
NAME	M-3 PARTNERS, INC.	CITY - ST - ZIP	
STREET ADDRESS	5551 RIDGEWOOD DR., SUITE 203		
CITY - ST - ZIP	NAPLES FL 33963		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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FILED
00 JAN 19 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0543099** Applied For ☐ Not Applied ☐

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

000003101240--4
-01/18/00--01099--002
****853.00 ****535.50

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **NOT REQUIRED**

1-12-00 941-566-28

Signature and typed or printed name of signing general partner Date Daytime Phone #