


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Apr 04, 2005 8:00 am
Secretary of State

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
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2. Principal Place of Business 800 Laurel Oak Dr.	3. Mailing Address 800 Laurel Oak Dr.
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300
City & State Naples FL	City & State Naples FL
Zip 34108	Zip 34108
Country USA	Country USA

1ST MOORE CR2E003 (10/04)	
4. FEI Number 65-0543099	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ATHAN, G. HELEN ESQ. 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES FL 34108	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

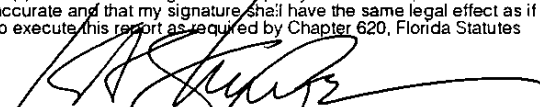
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE
9. Capital Contributions as Shown on record. \$300,000.00	10. Amount of Capital Contributions in FLORIDA to date. 0

11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.

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	NAME M-3 PARTNERS, INC.	STREET ADDRESS 800 Laurel Oak Dr. Suite 300	
STREET ADDRESS 5551 RIDGEWOOD DR., SUITE 203		CITY-ST-ZIP Naples FL 34108	
CITY-ST-ZIP NAPLES FL 33963			
DOCUMENT #	NAME	STREET ADDRESS	
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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:		Date	Daytime Phone #
			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

STAPLE CHECK HERE