

**2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A07000000631

**Entity Name:** MASTMI LIMITED PARTNERSHIP

**Current Principal Place of Business:**

923 S. TOWN AND RIVER DRIVE  
FORT MYERS, FL 33919

**Current Mailing Address:**

923 S. TOWN AND RIVER DRIVE  
FORT MYERS, FL 33919 US

**FEI Number:** 20-8928861

**Certificate of Status Desired:** No

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

BAUM, HOWARD  
12800 UNIVERSITY DRIVE  
SUITE 275  
FORT MYERS, FL 33907 US

*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:** HOWARD BAUM

03/09/2023

Electronic Signature of Registered Agent

Date

**General Partner Detail :**

Document # L07000043875  
Name MASTMI GP, LLC  
Address 923 S. TOWN AND RIVER DRIVE  
City-State-Zip: FORT MYERS FL 33919

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HOWARD BAUM

MGR

03/09/2023

Electronic Signature of Signing General Partner Detail

Date