

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
98 DEC 23 PM 4: 30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership  <b>PREPPIES, LTD.</b>	1a. DOCUMENT # <b>A27406</b>
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Mailing Address  518 N. RIVERPOINT DR. STUART FL 34994	Principal Office Address  518 N. RIVERPOINT DR. STUART FL 34994	3. Date Formed or Registered  11/17/1988	5a. Capital Contributions as Shown on record.  \$171,471.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report  12/31/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation  FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  <input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. FEI Number  65-0090446	
Zip	Country	7. Certificate of Status Desired	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent  SEGAL, MIKE BROAD AND CASSEL, SUITE 3000 201 S. BISCAYNE BLVD MIAMI FL 33131	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_

DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
BJO, INC.	1218 NE SAGO DR	JENSEN BEACH FL 34957	K38729
EGT, INC.	518 N. RIVERPOINT DR.	STUART, FL. 33497 349	K38747

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T.J.C. JAN 9 1999

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

CR2E003 (8/98)