## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**♣ LIMITED PARTNERSHIP ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

**DOCUMENT #** A28581

THE BJF GROUP, LTD.

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DATE 3/30/08

561-659-5844

|   | 48-1                                  | CW   |   |   |  |  |
|---|---------------------------------------|--|---|---|--|--|
| Malling Address  361- PARK-AVENUE GLENCOE-IL-60022-   | TK-AVENUE 361 PARK AVENUE             |  |   | 3. Date Formed or Registered 06/29/1989 38. Date of Last Report                 | 5a. Capital Contributions as Shown on record. \$2,205,000.00 |  |
|   |                                       |  |   | 12/26/1996  | 5b. Amount of Capital ORIDA                                  |  |
| 2. Mailing Address 2734 Rhone Drive   | 2a. Principal Office Address          |  |   | 4. State or Country of Formation  | \$1,000,000  |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                   |  |   | 6. FEI Number<br>36-3307366   | Applied For  |  |
| City & State Palm Beach Gardens, FL   | City & State                          |  |   | 7. Certificate of Status Desired  | Not Applicable  \$8.75 Additional Fee Required               |  |
| 33410 Palm Beach  | Zip Country                           |  |   | 8. Make check payable to: Dept. of State (See reverse side for fee Information) |  |  |
| 9. Name and Address of Current Registered Agent  Name   |                                       |  | 10. If changed, new Registered Agent/Office |   |  |  |
|   |                                       | Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip Code  d limited partnership organized or registered under the laws of the State of Florida, submits this statement ida. 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  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT | of section 620.192, Florida Statutes. | .iMITED  | PARTN                                       | DATE  |  |  |
| 11. Name(s) of General Partner(s)   | 11a. (Do NOT Use Post Office Bo       |  | 11b.  | City, State & Zip Code  | 11c. Registration/<br>Decument Number                        |  |
| BJF DEVELOPMENT, INC.   | 361 PARK AVE.                         |  | GLEN  | COE IL 60022  | 845005   |  |
| BRUCE J. FREY   | 361 PARK AVE.<br>2734 Rhone Drive     |  | -GLEN                                       | 00F#60022<br>Peach Gardens<br>FL 33410<br>300002<br>-0                          | 845005<br>481213   |  |
| Note: General partners MAY NOT  12. I do hereby certify that the information supplied with the                                    |                                       | <u> </u>   |   | <del></del>   | _ <del>``_</del>   |  |

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 eath. 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.

Bruce J. Frey