

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

FILED

97 DEC 19 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

1. Name of Limited Partnership	1a. DOCUMENT # A29478
--------------------------------	---------------------------------

B & D INVESTMENTS GROUP, LTD.
--



Mailing Address % LIFTER ENTERPRISES PO BOX 694645 MIAMI FL 33269-1645		Principal Office Address % LIFTER ENTERPRISES 18425 NW 2 AVE., #305 MIAMI FL 33169		3. Date Formed or Registered 01/08/1990	5a. Capital Contributions as Shown on record. \$250,000.00
2. Mailing Address Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report 12/18/1996	
City & State		City & State		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
Zip Country		Zip Country		6. FEI Number 59-1346262	
				7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent LIFTER, BENNETT M. 18425 NW 2ND AVE., #305 MIAMI FL 33169	10. If changed, new Registered Agent/Office Name 800002385228--0 Street Address (P.O. Box Number is Not Acceptable) 12/30/97--01005--015 Suite, Apt. #, etc. ****550.00--****550.00 City FL Zip Code
---	--

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
LIFTER, BENNETT M	18425 NW 2 AVE., #305	MIAMI FL 33169	

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 *Bennett M Lifter*

DATE *9/2/97*

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)