

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

FILED

98 JAN 12 PM 3:48

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 #
A93000000803

JPSRB LIMITED PARTNERSHIP

48-AR
CM



Mailing Address

398 WEST POINT WASHINGTON RD.
SANTA ROSA BEACH FL 32459

Principal Office Address

398 WEST POINT WASHINGTON RD.
SANTA ROSA BEACH FL 32459

3. Date Formed or Registered

07/30/1993

5a. Capital Contributions as
Shown on record.

\$20,000.00

3a. Date of Last Report

12/31/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$20,000.00

4. State or Country of Formation

FL

6. FEI Number

59-3203497

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

JANSSEN, JEFFREY
398 WEST POINT WASHINGTON RD.
SANTA ROSA BEACH FL 32459

10. If changed, new Registered Agent/Office

Name: JEFFREY JANSSEN
Street Address (Post Office Box Number Is Not Acceptable): 4314 HWY C-30-A West
Suite, Apt., etc.: P.O. Box 1061
City & State: Santa Rosa Beach FL
Zip Code: 32459

10a. Pursuant to the provisions of sections 620.105-1 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 12/27/97

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)

JANSSEN, JEFFREY

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

398 WEST POINT WASHIN

11b. City, State & Zip Code

SANTA ROSA BEACH FL 3

11c. Registration/
Document Number

800002409328--0
-01/22/98--01111--003
****243.75 ****243.75

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

JEFFREY

JANSSEN

Daytime Telephone Number

850-654 4216

CR2E003 (6/97)