


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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>98 NOV 18 PM 1:33</p> <p><i>12 11/20</i></p>	
1. Name of Limited Partnership UPSRB LIMITED PARTNERSHIP		1a. DOCUMENT # A93000000803			
Mailing Address 398 WEST POINT WASHINGTON RD. SANTA ROSA BEACH FL 32459		Principal Office Address % JEFFREY JANSSEN P.O. BOX 1001 SANTA ROSA BEACH FL 32459		3. Date Formed or Registered 07/30/1993	
2. Mailing Address P.O. Box 6065		2a. Principal Office Address P.O. Box 6065		3a. Date of Last Report 01/12/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State Destin FL		City & State Destin FL		5a. Capital Contributions as Shown on record. \$20,000.00	
Zip 32541		Zip 32541		5b. Amount of Capital Contributions in FLORIDA to date:	
Country Walton		Country Walton		6. FEI Number 59-3203497	
Country Walton		Country Walton		7. Certificate of Status Desired <input type="checkbox"/> \$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 4314 HIGHWAY C-30-A WEST SANTA ROSA BEACH FL 32459			10. If changed, new Registered Agent/Office Name <i>Jeff Janssen</i> Street Address (P.O. Box Number is Not Acceptable) <i>P.O. Box 6065 58 Ballantraine Rd</i> Suite, Apt. #, etc. City <i>Destin</i> State <i>FL</i> Zip Code <i>32541</i>		
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) <i>[Signature]</i> DATE <i>10-28-98</i>					
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 500002894925--0 -11/24/98--01021--009 ***228.75 ***228.75					
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 <i>[Signature]</i> DATE <i>10-28-98</i> Typed or Printed Name of General Partner Signing Form <i>Jeff Janssen</i> Daytime Telephone Number <i>904-654-2720</i>					

CR2E003 (8/98)