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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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| s - Name of Lifficed Paratetiship | Ä9400000678" | | | | |
|---|--|------------------------|--|---|--|
| PB SURF, LTD. | | | | | |
| Mailing Address | Principal Office Address | | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record. | |
| P.O. BOX 940 GULF BREEZE FL 32562 | 401 E. CHASE ST. SUITE 105 PENSACOLA FL 32501 | | 05/19/1994 3a. Date of Last Report 12/04/1997 4. State or Country of Formation | \$2,500,000.00 5b. Amount of Capital Contributions in FLORIDA to date: | |
| 2. Mailing Address | 2a. Principal Office Address | | FL | 2,500,000.00 | |
| Suite, Apt. #, etc. City & State | Suite, Apt. #, etc. City & State | | 6. FEI Number 59-3243261 | Applied For Not Applicable | |
| | | | 7. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| Zip Country | Zip Co | untry | 8. Make check payable to: Dept. of S | itate (See reverse side for fee information) | |
| 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office | | | | Agent/Office | |
| i i | | Name | | | |
| BRANNEN, DAVID A 401 E. CHASE ST, SUITE 105 | | Street Address (P.O. B | dress (P.O. Box Number Is Not Acceptable) | | |
| PENSACOLA FL 32501 | Suite, Apt. #, et | | | | |
| | - | 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) | Address of Each General Pa | rtner umbers) 11b. | City, State & Zip Code | 11c. Registration/ Document Number | |
| LEATHERWOOD PROPERTIES, INC. | 401 E. CHASE ST, SUIT | | NSACOLA FL 32501 | P94000035755 | |
| BRANNEN INVESTMENTS, INC. | 401 E. CHASE ST, SUIT | PEI | NSACOLA FL 32501 | P94000042415 | |
| BRANNEN HOLDINGS, INC. | 401 E. CHASE ST, SUIT | PEI | NSACOLA FL 32501 | P94000042413 | |
| | | | 900002 -12/23 *****5 | 7212795 /98-01078-007 26.25 ****526.25 | |
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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,

Typed or Printed Name of General Partner Signing Form

SIGNATURE

Daytime Telephone Number