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

1a. DOCUMENT # **A94000001810** FILED
97 SEP 18 PM 12: 47
FLORETARY OF STATE
TALLAHASSEE, FLORIDA



MTBP GROUP, LTD.	Q€	- AP	\wedge	L OOD HOLL FOR A COURT DIGHT ORACLE OF	0711 08311 08111 00101 11001 FO AT 11011 CATT 1087	
Malling Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
C/O BEN BATTLE. JR. 7850 NW 146 STREET MIAMI LAKES FL 33016	C/O BEN BATTLE. JR. 7850 NW 146 STREET MIAMI LAKES FL 33016			12/23/1994 3a. Date of Last Report 11/20/1996	\$414,582.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address 78.50 7W 146 STR .	2a. Principal Office Address			4. State or Country of Formation	Contributions in FLORIDA to date:	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State			6. FEI Number 65-0541712	Applied For Not Applicable	
Zip Country 330/6 Dade	Zip	Country		7. Certificate of Status Desired 8. Make check payable to: Dept. of	\$8.75 Additional Fee Required State (See reverse side for fee Information)	
9. Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office		
DANIELS, NICHOLAS M ESQUIRE THERREL BAISDEN & MEYER WEISS 1111 LINCOLN ROAD MALL, SUITE 500 MIAMI BEACH FL 33139		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Lip Code				
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or regagent. I am familiar with, and accept the obligations of	gistered agent, or both, in the State of Flor					
SIGNATURE (Registered Agent Accepting Appointment)			٠-<-	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 Genera (Do NOT Use Post Office Bo		11b.	City, State & Zip Code	11c. Registration/ Document Number	
BATTLE GROUP, INC.	7850 NW 146 STREET		MAN	MI LAKES FL 33016	P94000092739	

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 filling 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empawered to execute this report as required by chapter 620. Florida Statutes.

Typed or Printed Name of General Partner Signing Form

·____

_ DATE _ 9 - 9 - 9 /

Daytime Telephone Number

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