

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR - 6 PM 3:44



| | | | |
|---|--|--|--|
| 1. Name of Limited Partnership | | 1a. DOCUMENT # A94000001841 | |
| THE R. M. PITCHFORD LIMITED PARTNERSHIP | | | |
| Mailing Address P.O. BOX 725 JENSEN BEACH FL 34958 | | Principal Office Address 3869 ME SKYLINE DR 920 SANDALWOOD PLACE JENSEN BEACH FL 34957 | |
| 2. Mailing Address | | 2a. Principal Office Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip Country | | Zip Country | |
| 3. Date Formed or Registered 12/20/1994 | | 5a. Capital Contributions as Shown on record. \$600,000.00 | |
| 3a. Date of Last Report 12/11/1996 | | 5b. Amount of Capital Contributions in FL ORIDA to date: 600,000 | |
| 4. State or Country of Formation FL | | 6. FEI Number 65-0541457 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 8. Make check payable to: Dept. of State (See reverse side for fee information) 487.50 + 86.75 + 8.75 = 583.00 | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent | 10. If changed, now Registered Agent/Office |
| SOPKO, JAMES 2307 S.E. MONTEREY ROAD STUART FL 34996 | Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. 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 |
| BBKJ, INC. | 2307 S.E. MONTEREY RO | STUART FL 34996 | P94000091447 3000002485563 - - 4 -04/10/98--01114--009 ****535.00 ****535.00 <i>UP</i> <i>4-7</i> |

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 *Beverly P. Miller, Pres, BBKJ Inc, Gen. ptnr.* DATE *Apr 3, '98*

Typed or Printed Name of General Partner Signing Form

C-250003 (2/97)