


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR -5 AM 10:42

DOCUMENT # A94000001841 1. Entity Name THE R. M. PITCHFORD LIMITED PARTNERSHIP	
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Principal Place of Business 3869 N.E. SKYLINE DRIVE JENSEN BEACH, FL 34957	Mailing Address P.O. BOX 725 JENSEN BEACH, FL 34958
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03292004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0541456	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SOPKO, JAMES 853 S.E. MONTEREY COMMONS ROAD STUART, FL 34996	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ <div style="text-align: center;"> 900034384069 04/28/04--01021--013 **\$35.00 </div> City _____ FL Zip Code _____
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$600,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$600,000.00
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000091447	STREET ADDRESS	
NAME	BBKJ, INC.	CITY-ST-ZIP	
STREET ADDRESS	853 S.E. MONTEREY COMMONS ROAD		
CITY-ST-ZIP	STUART, FL 34996		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *BBKJ, Gen. Partner*
by Beverly P. Miller, Pres. B.B.KJ Date: *Mar 29, 04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

3/29/04

STAPLE CHECK HERE