


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # A95000000120**

1. Entity Name  
**REAL PIT BAR-B-Q, LTD.**



Principal Place of Business 1794 SW CR 484 OCALA, FL 34473	Mailing Address 2605 SW 33RD STREET, BUILDING 200 OCALA, FL 34474
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**DO NOT WRITE IN THIS SPACE**



03282007 No Chg-LP      CR2E003 (12/06)

4. FEI Number 59-3276995	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BUGLINO, S. KAYE**  
**P.O. BOX 2495**  
**OCALA, FL 34478**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

U00000756400  
 05/23/07-20030-005 500.00  
DATE

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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

DOCUMENT #	P94000028595
NAME	BBQ BELLEVIEW, INC.
STREET ADDRESS	2605 SW 33RD STREET #200
CITY-ST-ZIP	OCALA, FL 34474
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **Ken Kirkpatrick**      4/10/07 352-620-2514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE