

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
1. Name of Limited Partnership	1a. DOCUMENT # A95000001610	
PBM ASSOCIATES LTD.		
Mailing Address 337 EAST INDIANTOWN ROAD, SUITE 8 JUPITER FL 33477	Principal Office Address 337 EAST INDIANTOWN ROAD, SUITE 8 JUPITER FL 33477	
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	
City & State Zip	City & State Zip	
Country	Country	

FILED
98 NOV -2 AM 10:30

SECRETARIAL STATE
TALLAHASSEE, FLORIDA



3. Date Formed or Registered 10/25/1995	5a. Capital Contributions as Shown on record. \$1,610,000.00
3a. Date of Last Report 12/01/1997	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	
6. FEI Number 65-0615072	<input type="checkbox"/> Applied For <input 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)	

9. Name and Address of Current Registered Agent ARMOUR, ALAN J ESQ % NASON YEAGER GERSON WHITE & LIOCE, P.A. 1645 PALM BEACH LAKE BLVD., SUITE 1200 WEST PALM BEACH FL 33401	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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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) PB GP, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 337 EAST INDIANTOWN R	11b. City, State & Zip Code JUPITER FL 33477	11c. Registration/ Document Number P98000011546 900002684529-8 -11/10/98-01057-009 ****535.00 ****535.00
AL NOV - 4 1998.			

CR2E003 (8/98)

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

Typed or Printed Name of General Partner Signing Form

GEORGE DEWOLFE

DATE

9/21/98

Daytime Telephone Number

561-743-8544