


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

FILED

98 MAR 16 PM 4: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>1. Name of Limited Partnership</b>  C.B.D. VENTURES, LTD.		<b>1a. DOCUMENT #</b> <b>A96000000315</b>  GB-AR CM	
<b>Mailing Address</b>  524 PAUL MORRIS DR. UNIT H ENGLEWOOD FL 34223		<b>Principal Office Address</b>  524 PAUL MORRIS DR. UNIT H ENGLEWOOD FL 34223	
<b>2. Mailing Address</b> <u>516 Paul Morris Drive</u> Suite, Apt. #, etc.		<b>2a. Principal Office Address</b> <u>516 Paul Morris Drive</u> Suite, Apt. #, etc.	
<b>City &amp; State</b> <u>Englewood, FL</u> Zip <u>34223</u> Country		<b>City &amp; State</b> <u>Englewood, FL</u> Zip <u>34223</u> Country	
<b>3. Date Formed or Registered</b> <u>02/12/1996</u>		<b>5a. Capital Contributions as Shown on record.</b>  \$85,909.07	
<b>3a. Date of Last Report</b> <u>03/13/1997</u>		<b>5b. Amount of Capital Contributions in FLORIDA to date.</b>  85,909.07	
<b>4. State or Country of Formation</b>  FL		<b>6. FEI Number</b> <u>65-0649704</u> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	
<b>9. Name and Address of Current Registered Agent</b>  DUPONT, PAUL ROBERT JR. 524 PAUL MORRIS DR. UNIT H ENGLEWOOD FL 34223		<b>10. If changed, new Registered Agent/Office</b>  Name  Street Address (P.O. Box Number is Not Acceptable) <u>516 Paul Morris Drive</u> Suite, Apt. #, etc.  City <u>Englewood</u> Zip Code <u>FL 34223</u>	
<b>10a.</b> 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 _____			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/Document Number</b>
BOBCE INC.	524 PAUL MORRIS DR., 516	ENGLEWOOD FL 34223	P96000008620
700002465647--5 -03/23/98--01124--025 ****150.00 ****150.00			

**Not:** 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 

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/97)