## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Name of Limited Partnership .

DOCUMENT,# A96000001251

156125

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 OCT 30 PH 1: 17



B GROWTH FUND, LTD.			]	0014 8841 9046 9816 914 <u>414 9</u> 041 0116 400 4861	
Mailing Address Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
6574 VIA REGINA BOCA RATON FL 33433 BOCA RATON FL 33433			06/28/1996 3a. Date of Last Report	\$3,000.00	
			02/24/1997  4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Malling Address	2a. Principal Office Address		   FL	\$3000.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number 65-0649902	Applied For Not Applicable	
City & State  Zip Country	City & State	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Σip	Country	8. Make check payable to: Dept. of State (See reverse side for fee Information		
9. Name and Address of	Current Registered Agent		10. If changed, new Registere	ed Agent/Office	
		Street Address (P.O. Box Number is Not Accepte 1) / 14 / 3			
SIGNATURE (Registered Agent Accepting Appointm  A GENERAL PARTNER TO		LIMITED PAR'	INERSHIP OR OTHE		
11. Name(s) of General Partner(s)	11a. Address of Each Gener	10	City, State & Zip Code	11c. Registration/ Document Number	
BUCKSER INVESTMENT MANAGEMI	EN 6574 VIA REGINA	ВО	CA RATON FL 33433	F96000003328	
				1030	
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

i do hereby certify that the information supplied with this filling 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 Soction 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 elfocts 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