



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

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| LIMITED PARTNERSHIP ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 FEB 23 PM 4:07  | |
| 1. Name of Limited Partnership T.K.B., LTD. | | 1a. DOCUMENT # A97000000778 | | | |
| Mailing Address 117 CARRIAGE HILL DRIVE CASSELBERRY FL 32707 | | Principal Office Address 400 HIGH POINT DRIVE, SUITE 300 COCOA FL 32926 | | 3. Date Formed or Registered 04/07/1997 3a. Date of Last Report 4. State or Country of Formation FL | |
| 2. Mailing Address 400 HIGH POINT DRIVE Suite, Apt. #, etc. SUITE 300 City & State COCOA, FL Zip 32926 Country USA | | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country | | 5a. Capital Contributions as Shown on record. \$1,000.00 5b. Amount of Capital Contributions in FLORIDA to date. \$1,000 6. FEI Number 59-3436726 <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) | |

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| 9. Name and Address of Current Registered Agent FINKBEINER, FRANK G 105 E. ROBINSON STREET, SUITE 301 ORLANDO FL 32801 | 10. If changed, new Registered Agent/Office Name ROBERT E. ANDERSEN, JR. Street Address (P.O. Box Number Is Not Acceptable) 400 HIGH POINT DRIVE Suite, Apt. #, etc. SUITE 300 City COCOA State FL Zip 32926 FEI Number 800002446928--2 Date 03/04/98 Additional Fee \$8.75 |
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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) *Robert E. Andersen* DATE *2/20/98*

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

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| 11. Name(s) of General Partner(s) JOHNSON, ROBERT L JOHNSON, KARRI W | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 400 HIGH POINT DR #300 117 CARRIAGE HILL DR 117 CARRIAGE HILL DR 400 HIGH POINT DR #300 | 11b. City, State & Zip Code COCOA, FL 32926 CASSELBERRY FL 32707 CASSELBERRY FL 32707 COCOA, FL 32926 | 11c. Registration/Document Number 800002446928--2 -03/04/98--01068--006 *****156.25 *****156.25 |
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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 *Robert L Johnson* DATE *2/13/98*
 Typed or Printed Name of General Partner Signing Form *Robert L Johnson* Daytime Telephone Number *(407) 636-1247*

CR2E003 (6/97)