

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 JAN 15 PM 3: 14



1. Name of Limited Partnership

1a. DOCUMENT #  
A97000001354

BIOLOGICAL RESEARCH ASSOCIATES, LTD.

Mailing Address

C/O BOB HUMPHRIES  
501 EAST KENNEDY BLVD., SUITE 1700  
TAMPA FL 33602

Principal Office Address

3910 U.S. HIGHWAY 301 NORTH, SUITE 140  
TAMPA FL 33618

3. Date Formed or Registered

06/20/1997

3a. Date of Last Report

5a. Capital Contributions as  
Shown on record.

\$99.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

\$ 99.00

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

59-3453879

☐ Applied For  
☐ Not Applicable

City & State

City & State

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

Zip

Country

Zip

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 Registered Agent/Office

HUMPHRIES, J. BOB ESQ.  
FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL  
501 EAST KENNEDY BLVD., SUITE 1700  
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

BIOLOGICAL RESEARCH ASSOCIAT

1803 U.S. 19

HOLIDAY FL 34891

499177

000002406950--2  
-01/21/98--01083--016  
\*\*\*\*156.25 \*\*\*\*156.25

BK

1/15/98

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.

Biological Research Associates, Inc., general partner

SIGNATURE

DATE

1/14/98

By: J. Bob Humphries, Assistant Secretary

Daytime Telephone Number

(813) 222-1173

Typed or Printed Name of General Partner Signing Form

CR2E003 (6/97)