

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
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 MAR -2 AM 8:12



1. Name of Limited Partnership PBG ASSOCIATES LTD.		1a. DOCUMENT # A97000002101	
Mailing Address C/O TITAN MANAGEMENT L.P. 53 FOREST AVENUE, 2ND FLOOR OLD GREENWICH CT 06870		Principal Office Address C/O TITAN MANAGEMENT L.P. 53 FOREST AVENUE, 2ND FLOOR OLD GREENWICH CT 06870	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered 09/26/1997		5a. Capital Contributions as Shown on record. \$100.00	
3a. Date of Last Report FIRST REPORT		5b. Amount of Capital Contributions in FLORIDA to date: 1, 793, 526	
4. State or Country of Formation FL		6. FEI Number 65-0782641	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information) \$247.75 \$26.25		\$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office	
		Name EP \$526.25	
		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) PBG ASSOCIATES L.C.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 53 FOREST AVE., 2ND F	11b. City, State & Zip Code OLD GREENWICH CT 0687	11c. Registration/Document Number L97000001075
<p align="right">600002449736--8 -03/06/98--01090--021 ****526.25 ****526.25</p> <p align="center">dec</p>			

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

DATE

2.6.98