

**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 24 PM 3: 03



nk 3/24/98

1. Name of Limited Partnership
1a. DOCUMENT #
A97000002241

JSBP ASSOCIATES, LTD.

Mailing Address 801 SOUTH NEWPORT TAMPA FL 33606		Principal Office Address 801 SOUTH NEWPORT TAMPA FL 33606		3. Date Formed or Registered 10/17/1997	5a. Capital Contributions as Shown on record. \$66,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report N/A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date \$49,333.00 \$50,000.00
City & State		City & State		6. FEI Number 59-3493247	
Zip		Country		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				8. Make check payable to: Dept. of State (See reverse side for fee information) \$447.50	

9. Name and Address of Current Registered Agent - SYKES, JOHN H 801 SOUTH NEWPORT TAMPA FL 33606	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) _____ 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) CLOVERLEAF FARMS II, INC. <i>BK 3/24/98</i>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 901 SOUTH NEWPORT AR- 350.00 SUPP - 88.75 CERT - 17.50 <hr/> 456.25	11b. City, State & Zip Code TAMPA FL 33606 400002474194--0 -03/31/98--01108--019 ****456.25 ****456.25	11c. Registration/Document Number P97000023380
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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 BY: *John H. Sykes* President
John H. Sykes
DATE: *3-6-98*

CR2E003 (12/97)