

**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. Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 NOV 17 PM 2:11

1. Name of Limited Partnership

1a. DOCUMENT #  
A97000002285

BusinessLinks International, Ltd.

Mailing Address

400 North Ashley Drive  
Suite 2675  
Tampa, Florida 33602

Principal Office Address

400 North Ashley Drive  
Suite 2675  
Tampa, Florida 33602

3. Date Formed or Registered

10/22/97

5a. Capital Contributions as Shown on record

\$500,000.00

3a. Date of Last Report

N/A

5b. Amount of Capital Contributions in FLORIDA to date

\$500,000.00

4. State or Country of Formation

Florida

2. Mailing Address

400 North Ashley Drive

Suite, Apt. #, etc

Suite 2675

City & State

Tampa, Florida

Zip

33602

Country

U.S.A.

2a. Principal Office Address

400 North Ashley Drive

Suite, Apt. #, etc

Suite 2675

City & State

Tampa, Florida

Zip

33602

Country

U.S.A.

6. FEI Number

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

Will D. Rhame  
400 North Ashley Drive  
Suite 2675  
Tampa, Florida 33602

10. If changed, new Registered Agent/Office

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)

Business Links International, Inc.

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

400 North Ashley Drive,  
Suite 2675

11b. City, State & Zip Code

Tampa, Florida 33602

11c. Registration/Document Number

P97000047813

400002352374-- 5  
-11/19/97- 01101--004  
\*\*\*\*541.25 \*\*\*\*541.25

dec

**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

*Will D. Rhame*

DATE

11/10/97

Typed or Printed Name of General Partner Signing Form

Will D. Rhame, President of General Partner

Daytime Telephone Number

813-228-0049

CR2EC03 (6/97)