

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

97 DEC 19 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/29

1. Name of Limited Partnership
R.B. & J. Associates, Ltd.

1a. DOCUMENT #
A97000002378

Mailing Address
**226 N. Duval St.
Tallahassee, FL 32301**

Principal Office Address
**226 N. Duval St.
Tallahassee, FL 32301**

3. Date Formed or Registered
10/31/97

5a. Capital Contributions as Shown on record
\$300.00

3a. Date of Last Report
N/A

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

2. Mailing Address
226 N. Duval St.
Suite, Apt. #, etc.

City & State
Tallahassee, FL 32301
Zip Country
32301 U.S.A.

2a. Principal Office Address
226 N. Duval St.
Suite, Apt. #, etc.

City & State
Tallahassee, FL 32301
Zip Country
32301 U.S.A.

4. State or Country of Formation
FL

6. FCI 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

**James M. Rudnick
226 N. Duval St.
Tallahassee, FL 32301**

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)

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

11b. City, State & Zip Code

11c. Registration/Document Number

R.B. & J. Associates, Inc.

226 N. Duval St.

Tallahassee, FL 32301

P97000093580

600002386176-2
-12/30/97-01074-011
***156.25 ***156.25

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

**James M. Rudnick, Pres.,
R.B. & J. Associates, Inc., GP**

DATE

12/17/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)