


<p>1998 Limited Partnership Annual Report</p>		 FLORIDA DEPARTMENT OF STATE Sandra B. Nordham Secretary of State DIVISION OF CORPORATIONS		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>98 JUN 10 PM 2: 14</p>	
<p>DOCUMENT # A97000002783</p>					
<p>1. Name of Limited Partnership PBP Partners, Ltd.</p>					
DO NOT WRITE IN THIS SPACE.					
<p>2. Mailing Address 5551 Ridgewood Dr. Suite, Apt. #, etc. 203 City & State Naples FL Zip 34108 Country Collier</p>		<p>3. Principal Office Address 5551 Ridgewood Dr. Suite, Apt. #, etc. 203 City & State Naples, FL Zip 34108 Country Collier</p>		<p>4. Date Formed or Registered To Do Business in Florida 12/19/97</p>	
		<p>5. FEI Number 59-3483953</p>		<p>Applied For Not Applicable</p>	
<p>8a. Capital Contributions as Shown on Record \$50,000.00</p>		<p>FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.</p>			
<p>8b. Amount of Capital Contributions in FLORIDA to date</p>		<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>			
		<p>7. State or Country of Formation FLORIDA</p>			
<p>9. Name and Address of Current Registered Agent Athan, G. Helen Esq. 5551 Ridgewood Dr, Suite 203 Naples, FL 34108</p>			<p>10. If changed, new registered agent/office</p> <p>Name _____</p> <p>Street Address (P.O. Box Number Is Not Acceptable) _____</p> <p>Suite, Apt. #, etc. _____</p> <p>City _____ State FL Zip Code _____</p>		
<p>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.</p>					
<p>SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____</p>					
<p>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</p>					
<p>11. Names of General Partner(s) SigPointe, Inc.</p>		<p>Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5551 Ridgewood Dr.</p>		<p>City, State and Zip Code Naples, FL 34108</p>	
				<p>11a. Registration Document Number P97000105983</p>	
				<p>700002576397-31</p>	
<p><i>doc (cus)</i></p>					
<p>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</p>					
<p>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.</p>					
<p>SIGNATURE _____ DATE 4-20-98</p> <p>Typed or Printed Name of General Partner Signing Form Keith A. Sharpe Telephone Number 941-566-2800</p>					

CR2E039 (12/97)

CNPPPTJ2 - 01 RUN DATE 06/25/1998 AS OF 06/25/1998
SAMAS - CENTRAL ACCOUNTING

POSTED JOURNAL TRANSACTIONS BY SMDN WITHIN INITIATING OLO AND SITE

AUDIT LOCATION - STATEWIDE
OLO 450000 - DEPARTMENT OF STATE
SITE - NO TITLE

SMDN C8000032468 ADOCNO D81470

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT
45 20 2 130001 45300000 00 000100 00		45	0010	447.50
TRANSACTION CODE TOTAL - 45				447.50

ACCOUNT CODE BENEFITTING DATA CF TC OBJECT

1896

45301016

R2

001012

000106

DATE 06/25/98

06/25/98

