

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 18 PM 4:50



1. Name of Limited Partnership A BEKA SERVICES, LTD.		1a. DOCUMENT # A98000002339	
Mailing Address P.O. BOX 19100 PENSACOLA FL 32523-9100		Principal Office Address 250 BRENT LANE PENSACOLA FL 32503	
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 10/09/1998		5a. Capital Contributions as Shown on record \$95.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date \$135,174.40	
4. State or Country of Formation FL		6. FEI Number 59-3538226	
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)		<input type="checkbox"/> \$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent HORTON, ARLIN R 250 BRENT LANE PENSACOLA FL 32503		10. If changed, new Registered Agent/Office FF 652620	
Name		Street Address (P.O. Box Number is Not Acceptable) 100002783531-2	
Suite, Apt. #, etc.		02/22/99-01137-004	
City		*****83.42 *****83.42	

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) EDUCATIONAL VENTURES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 250 BRENT LANE	11b. City, State & Zip Code PENSACOLA FL 32503	11c. Registration/Document Number P98000062489
100002783531-2 02/22/99-01137-003 *****436.83 *****436.83			

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 **2/9/99**

Typed or Printed Name of General Partner Signing Form

ARLIN R. HORTON

Daytime Telephone Number

(850) 478-8480

CR2E003 (12/98)