


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000002339**

1. Entity Name  
**A BEKA SERVICES, LTD.**



Principal Place of Business  
**250 BRENT LANE**  
**PENSACOLA, FL 32503**

Mailing Address  
**P.O. BOX 19100**  
**PENSACOLA, FL 32523-9100**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04072004 Chg-LP CR2E003 (10/03)

City & State

4. FEI Number  
**59-3538226**

Applied For  
 Not Applicable

City & State

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HORTON, ARLIN R**  
**250 BRENT LANE**  
**PENSACOLA, FL 32503**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$135,174.40**

10. Amount of Capital Contributions in FLORIDA to date. **\$135,174.40**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000062489	STREET ADDRESS	
NAME	EDUCATIONAL VENTURES, INC.	CITY - ST - ZIP	
STREET ADDRESS	250 BRENT LANE		U00000120498
CITY - ST - ZIP	PENSACOLA, FL 32503		04/20/04-90012-010 526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: ARLIN R. HORTON 4-8-04 (850)478-8480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE