

**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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 DEC 23 PM 1:40

**1.** Name of Limited Partnership  
**Turbo Marine Refrigeration, Ltd.**

**1a. DOCUMENT #**  
**B97000000671**

**Mailing Address**  
**1000 W. Ormsby Street**  
**Suite 120**  
**Louisville, KY 40210**

**Principal Office Address**  
**1000 W. Ormsby Street**  
**Suite 120**  
**Louisville, KY 40210**

**3.** Date Formed or Registered  
**12/12/97**

**3a.** Date of Last Report  
**N/A**

**4.** State or Country of Formation  
**Kentucky**

**5a.** Capital Contributions as Shown on record  
**\$2,000.00**

**5b.** Amount of Capital Contributions in FLORIDA to date  
**- 0 -**

**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)

**2.** Mailing Address  
**1000 W. Ormsby Street**  
**Suite 120**  
**Louisville, Kentucky**  
**40210 USA**

**2a.** Principal Office Address  
**1000 W. Ormsby Street**  
**Suite 120**  
**Louisville, Kentucky**  
**40210 USA**

**9. Name and Address of Current Registered Agent**

**CT Corporation System**  
**1200 South Pine Island Road**  
**Plantation, FL 33324**

**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.**

<b>11.</b> Name(s) of General Partner(s)	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)	<b>11b.</b> City, State & Zip Code	<b>11c.</b> Registration/Document Number
<b>OPM Services, Inc.</b>	<b>1000 W. Ormsby Street</b> <b>Suite 120</b>	<b>Louisville, KY 40210</b>	<b>F97000006571</b>
			<b>000002391730--5</b> <b>-01/06/98--01104--015</b> <b>***156.25 ***156.25</b>

**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 effect 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 **12-18-97**

**OPM Services, Inc., General Partner**  
By: **W. Kent Oyler, III, Executive** Daytime Telephone Number **(502) 635-3232**

CR2E03 (6/97)