

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 OCT -7 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
**B97000000671**

**TURBO MARINE REFRIGERATION, LTD.**

Mailing Address

215

Principal Office Address

1000 WEST ORMSBY STREET, STE. 120  
LOUISVILLE KY 40210

1000 WEST ORMSBY STREET, STE. 120-215  
LOUISVILLE KY 40210

3. Date Formed or Registered

12/12/1997

5a. Capital Contributions as Shown on record.

\$2,000.00

3a. Date of Last Report

12/23/1997

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

2000.

4. State or Country of Formation

KY

6. FEI Number

61-1318477

Applied For  
 Not Applicable

**-APPLIED FOR**

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

C T 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.**

11. Name(s) of General Partner(s)

OPM SERVICES, INC.

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

1000 WEST ORMSBY <sup>AVENUE</sup> STRE

11b. City, State & Zip Code

LOUISVILLE KY 40210

11c. Registration/Document Number

F97000006571

700002680847 - 4  
-10/03/98 - 01088 - 002  
\*\*\*141.25 \*\*\*141.25

dee

**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

*[Signature]*  
Kent Oyer

Pres. & OPM Services, Inc. G.P.

DATE 9-21-98

Typed or Printed Name of General Partner Signing For

Daytime Telephone Number 502-575-3232

CR2E003 (8/98)