2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

CHECK MERE

SIGNATURE:

Feb 09, 2005 08:00 AM DOCUMENT # A0000001521 **Secretary of State** 1. Entity Name L.S. BROWN INVESTMENT PARTNERSHIP, LTD. Mailing Address Principal Place of Business 7428 BONDSBERRY COURT 7428 BONDSBERRY COURT BOCA RATON FL 33434 **BOCA RATON FL 33434** 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E003 (10/04) 1ST MOORE City & State City & State 4. FEI Number Applied For 22-3771487 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLOCH, STUART E Street Address (P.O. Box Number is Not Acceptable) BLOCH & MINERLEY, P.L. 980 NORTH FEDERAL HIGHWAY, SUITE 412 **BOCA RATON FL 33432** Zip Code City 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE Signature, typed or printed name of registered agent and title if applicable ... See Block 11 instructions for fee info. 10. Amount of Capital Contributions 9. Capital Contributions \$100.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS NAME BROWN, LILLIAN S 7428 BONDSBERRY COURT STREET ADDRESS CITY-ST-ZIF U00000222294 CITY - ST - ZIP **BOCA RATON FL 33434** 02/03/85-80068-018 141.**25** DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-7P CiTY - 51 - 7(8) DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS. NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENI # STREET ADDRESS NAME STREET ADDRESS CHY-SI-7P 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

LILIANS. BROWN 1-29-05 561-451-3887

Date Daylora Phone 8

FILED