


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 MAY 11 AM 9:21

DOCUMENT # A04000002073

1. Entity Name
 BRITTANY SQUARE PARTNERS, LTD



Principal Place of Business
 5514 PARK BLVD
 PINELLAS PARK, FL 33781 US

Mailing Address
 5514 PARK BLVD
 PINELLAS PARK, FL 33781 US

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

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

City & State
 Zip Country

City & State
 Zip Country

04012005 Chg-LP CR2E003 (10/03)

4. FEI Number **61-1327631** Applied For Not Applicable

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



6. Name and Address of Current Registered Agent

BRODERICK, ROGER B
 5514 PARK BLVD
 PINELLAS PARK, FL 33781

7. Name and Address of New Registered Agent

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 **06/08/05--01073--018 **141.25**

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	K93763	STREET ADDRESS	
NAME	BRODERICK & ASSOCIATES, INC.	CITY-ST-ZIP	
STREET ADDRESS	5514 PARK BLVD		
CITY-ST-ZIP	PINELLAS PARK, FL 33781		
DOCUMENT #	V60271	STREET ADDRESS	
NAME	9,8,7, INC.	CITY-ST-ZIP	
STREET ADDRESS	11185 9TH ST E		
CITY-ST-ZIP	TREASURE ISLAND, FL 33706		
DOCUMENT #	H79820	STREET ADDRESS	
NAME	R.V.D. INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	2164 15 CIRCLE N		
CITY-ST-ZIP	ST PETERSBURG, FL 33713		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: *Roger Broderick* Partner **Roger Broderick** Date **4/29/05** Daytime Phone # **727 544-1403**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER