


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A04000002073</b>	
1. Entity Name <b>BRITTANY SQUARE PARTNERS, LTD</b>	

Principal Place of Business <b>5514 PARK BLVD PINELLAS PARK, FL 33781 US</b>	Mailing Address <b>5514 PARK BLVD PINELLAS PARK, FL 33781 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01042008 Chg-LP CR2E003 (12/06)

4. FEI Number: <b>61-1327631</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent	
<b>BRODERICK, ROGER B 5514 PARK BLVD PINELLAS PARK, FL 33781</b>	

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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and file if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	<b>K93763 BRODERICK &amp; ASSOCIATES, INC. 5514 PARK BLVD PINELLAS PARK, FL 33781</b>
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	<b>V60271 9,8,7, INC. 14200 MARK DRIVE LARGO, FL 33774</b>
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	<b>H79820 R.V.D. INVESTMENTS, INC. 2164 15 CIRCLE N ST PETERSBURG, FL 33713</b>
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY- ST- ZIP	<b>000000873319 04/10/08-80072-008 500.00</b>
STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	
CITY- ST- ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **2/13/08** **727-544-1403**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date in Parentheses

STAPLE CHECK HERE