


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

**FILED
May 02, 2008 08:00 AM
Secretary of State**

DOCUMENT # A06000001539 1. Entity Name BROOKRIDGE, LP	
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Principal Place of Business 6900 SOUTHPPOINT DRIVE NORTH, SUITE 250 JACKSONVILLE, FL 32216	Mailing Address 6900 SOUTHPPOINT DRIVE NORTH, SUITE 250 JACKSONVILLE, FL 32216
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DO NOT WRITE IN THIS SPACE



04162008 No Chg-LP	CR2E003 (12/06)
4. FEI Number 36-4334918	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCNAMARA, THOMAS P 2907 BAY TO BAY BLVD., SUITE 201 TAMPA, FL 33629	DO NOT WRITE IN THIS SPACE
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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 title 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 #	L06000121214
NAME	BROOKRIDGE GP, LLC
STREET ADDRESS	6900 SOUTHPPOINT DRIVE NORTH, SUITE 250
CITY-ST-ZIP	JACKSONVILLE, FL 32216
DOCUMENT #	
NAME	
STREET ADDRESS	
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U00000943563
05/29/08-80085-007 500.00

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STAPLE CHECK HERE

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: Robert P. Franzen ROBERT P. FRANZEN 6/28/08 703-506-1006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #