2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Apr 07, 2004 08:00 AM Secretary of State

DOCUMENT # A9500001160 1. Entity Name BRITAIN SC CO., LTD.			Secretary of State
Principal Place of Business 21301 POWERLINE ROAD, #312 BOCA RATON, FL 33433	Mailing Address P.O. BOX 11229 KNOXVILLE, TN 3793	9	
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		02202004 Chg-LP CR2E003 (10/03)
City & State	City & State		4. FEI Number Applied For 59-3328251 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired 58.75 Additional Fee Required
6. Name and Address of	of Current Registered Agent		7. Name and Address of New Registered Agent
CLIFFORD L. WALTERS 802 11TH STREET WEST BRADENTON, FL 34205		Name	
		Street Address	s (P.O. Box Number is Not Acceptable)
		City	EL 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 Signature, oped or primed name of registered agent and title if applicable.			
9. Capital Contributions as Shown on record. \$765,000.00 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 # P95000055422 MANE PEARL GENERAL, INC		STREET ADDRESS	
STREET ADDRESS 21301 POWERLINE ROAD, #312		CITY-ST-ZIP	U00000111335
DOCUMENT / BOCA RATON, FL 334	33	STREET ADDRESS	04713704-80013-003 526.25
NAME STREET ADDRESS			
CITY-SI-ZIP		CITY-ST-ZIP	
OOCUMENT #		STREET ADDRESS	
STREET ADDRESS GFY-SI-ZIP		CUA-21-316	
DOCUMENT : NAME		STREET ADDRESS	
STREET ADDRESS CITY ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-2IP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
HAME STREET ADDRESS CITY-SI-ZIP		CXTY-ST-ZIP	
)	applied with this filling does not qualify for course and that my signature shall have	or the exemption stated in a the same legal effect as i	Section 119,07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership or

STONATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER